The Future of Professional Ethics[1]

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In this article I shall examine the concept of professional ethics with reference to three headings: how we should understand the notion of a profession; how we should characterize the problems of professional ethics; and whether we should develop professional ethics from a standpoint internal or external to the profession. I shall then proceed to speculate on the future of professional ethics with reference to each of these headings, having regard to the trends identified.

What is a profession?

The term 'profession' is used in different senses — in a wide sense it simply means someone's occupation; in a narrower sense it refers to a certain kind of activity, one carrying with it a certain status and associated with a particular ethic. Traditionally a profession has been marked out by a body of knowledge, mastery of which (at least partly) regulated entrance to its ranks; and by an ideal of service (Airaksinen, 1994). Since the body of knowledge had the potential to confer power, money and status, professionals were expected to use their skills for the benefit of the community. Those groups which have long been secure in their recognition as professions, the so-called liberal or learned professions such as medicine, divinity and the law, have also been characterized by a considerable degree of authority and autonomy in their practice. The epithet 'liberal' emphasized their suitability for the 'free man'; 'learned' brought out their relationship to a body of knowledge. The fact that professionals are said to 'practise' rather than 'work' is itself significant in reinforcing their autonomy and status. Along with the autonomy of the individual professional, professional bodies have also been accorded a significant degree of autonomy in controlling both access to the profession and professional conduct.

Eliot Freidson (1994) outlines the problems of defining 'profession' in terms of a number of characteristics or traits and considers instead a definition in terms of process, i.e., how particular occupational groups gain professional status. He argues, however, that this covertly defines a profession as an occupation that has gained professional status. Freidson's view is that the concept of 'profession' is one that is tied to particular socio-cultural conditions, namely Anglo-American industrial nations which associate status with occupation, rather than with education, as is more common, he claims, in other European countries.

The traditional classification of professions has been subject to two contrasting trends: first, the attempt by some groups for recognition as professions or neo-professions; and second, challenge to the notion of professionalism either because of its conceptual inadequacy, as noted by Freidson, or on the grounds of its social consequences.

Nursing is a prominent example of an activity which has aimed at recognition as a profession, in its struggle to distance nurses from the image of handmaiden and to advance towards the acceptance as accountable professionals; to discard the metaphor of loyalty and take up that of advocacy (Winslow, 1984). In such struggles, the concepts of professional autonomy and accountability play a part along with the identification of a body of knowledge.

Coinciding with a move on the part of some groups to become recognized as professions, there has been a challenge to the concepts of 'profession' and 'professionalism', and an attempt to replace the focus on the concept of profession with one of a set of competences, i.e., to concentrate on what people do and achieve rather than on their status. One possible reason for this is connected with the potential for professions to

become self-serving elites (cf. Illich, 1977). Another is the increase in criticism if not litigiousness of more knowledgeable clients. Williams contrasts the professional approach and the competence-based approach in the following way: 'Competent workers are content to be described as such, and trainers do not try to push them any further, while reflective practitioners aspire to research their own practice and agencies...' (Williams, 1996, p. 8).

What is not in dispute between the two approaches is an attempt to distance what is required from incompetence. J.K. Davis, for example, has argued that for the professional it would not be sufficient that a client was satisfied, if the professional him- or herself felt that the service was below standard. For the professional, however, it is more than simply doing a competent job: worker becomes a professional by professing reasons for doing their work in a certain way (Davis, J.K., 1991).

Professional ethics: the problems

Problems of professional ethics fall into two broad categories, but both arise essentially from professional power. The first is concerned with the professional-client relationship, while the second relates to the role of professions and professionals in society as a whole.

Although an ideal of service is supposed to provide a safeguard to promote the use of professional expertise to help rather than harm, specialist knowledge, to which professionals have access and clients do not, does give the professional power and the client is thus placed in a vulnerable position. One caveat however (Langan, 1991) is that the paradigm of a relationship between two individuals is inadequate because it overlooks those professions which do not, or not substantially, conform to this pattern, such as teaching, which may be but commonly is not done on a one-to-one basis.

The most thorough discussion of professional-client relationship has taken place in relation to the medical profession, with regard both to the feasibility of applying traditional ethical theories to the problems of medical practice and to the development of a set of principles specific to the context of the relationship between healthcare professionals and patients, as in Beauchamp and Childress's principles of biomedical ethics — autonomy, beneficence, non-maleficence and justice (Beauchamp & Childress, 1994). A question about the use of power in a medical context would be the extent to which the practitioner should use their expertise to decide, beneficently, what is in the patient's interest, or provide information to enable the patient to take an autonomous decision.

The second category of problems is more concerned with the role and image of professionals in society. While it may be true (Pellegrino, 1991) that there has always been a tendency towards distrust of professionals, this has been exacerbated by social and political developments. The trend towards client autonomy, attempts by government to curb the independence and privilege of professionals, and media criticism have all had their effect. Darryl Koehn adds to this list the assault of academic disciplines such as sociology and philosophy (Koehn, 1994). The sociological critique has suggested that professions, rather than being essentially moral enterprises, are in fact effective monopolistic institutions and that the professed commitment to ethical ideals, rather than conferring legitimacy on the profession, is nothing more than ideology. Ivan Illich has termed the mid-twentieth century the age of 'disabling' professions: far from using their knowledge to serve, they have become forms of control, claiming the authority to determine human needs. 'Homes are transformed into hygienic apartments where one cannot be born, cannot be sick and cannot die decently.' (Illich, 1977, p. 27).

Philosophers have taken issue with a self-derived ethic which permits professionals to be guided by

standards other than those of ordinary morality. ‘Problems in professional ethics typically arise when the values dominant within particular professions come into conflict with other values in the course of practice. Professionals are likely to perceive these values as dominant where others may not.’ (Goldman, 1992, p. 1018). The possibility of self-derivation is linked with the autonomy of professional bodies in determining standards of practice. A self-derived ethic might take one of two forms. In one form it is associated with the idea that there are certain ways of behaving appropriate to different roles, which diverge from those suited to people who do not fill that role. For example, it might be argued that a lawyer is under an obligation, arising out of the lawyer’s role, to achieve the best result for a client even if that conflicts with what he or she believes as a private individual.

I remember a custody case for a most disagreeable man whose wife had left him with the children. I remember reducing her to floods of tears in the witness box and I felt very badly about it because I thought she was a very nice woman, which she was, and her husband was a shit. On professional grounds I knew I had done a really good job. But as a father of young children I really thought that the right result hadn’t been achieved (quoted in Chadwick, 1992a).

It is possible to interpret this quotation in different ways. It might be seen either as a clash between professional standards and ‘ordinary’ morality, or as a conflict between two different moral viewpoints: the view that one’s duty is to see justice done and the view that one’s duty is to the client and the court.

The second form in which a self-derived ethic might find expression is in a code of professional conduct or code of ethics. The possession of a code of professional conduct has been pivotal in debates about what constitutes a profession. Such a code can fulfil a variety of functions (cf. Chadwick, 1992b): offering a public statement of ideals and values; providing a disciplinary mechanism for a professional body; reassuring the public that the profession upholds certain standards; and educating members of the profession to ‘think like’ others in the group (Davis, M. 1991).

The standards incorporated in a code may be either higher or lower than the standards of ordinary morality. Professionals have traditionally been prevented from doing things which people in other spheres of activity are permitted to do, e.g., advertising. This arises out of the purported commitment to serve first the interests of clients, rather than their own profit. On the other hand this same commitment can act as a shield to protect professionals from the criticism that they do things which would be frowned on in terms of ordinary morality, e.g., lying to clients or physically hurting them in order to promote some further end identifiable as being in the client’s interests.

Criticism of a self-derived professional ethic, whether in the form of role ethics or a code of conduct, is based on arguments that if an action is morally right it should be susceptible of justification by the same moral arguments that apply to the behaviour of any other member of society — professionals should not require special ethical norms to be determined by themselves. For it is not clear how such norms could be justified if not by common moral principles (Goldman, 1992).

If this point is accepted, however, there are arguments in favour of having, if not a self-derived ethic, at least an ethic specific to a given professional group, in order to promote consistency among practitioners rather than leaving moral judgement to the fallible individual alone. Even if it is acknowledged that the individual practitioner has autonomy in their practice, the requirements of accountability and a set of defined standards has the result that the practitioner may literally be called to ‘give an account’ of themselves and

their practice (Holdsworth, 1994) in terms that their professional peers will recognize. This arguably affords more protection than the absence of professionally defined norms but does not constitute an argument for dispensing with accountability to society as well.

Sociological and philosophical criticism have constituted aspects of a phenomenon which might be called the challenge to the ethics of trust in the professions. Traditionally the professional-client relationship has been regarded as a fiduciary one, in which the professional is worthy of trust and the client places trust in the professional. In the late 1980s and early 1990s however, the ethics of trust was challenged. In the light of these challenges the question arises as to whether the appropriate response is to turn to an 'ethics of distrust' (Pellegrino, 1991). An ethic of distrust would proceed by attempting to regulate more closely the activities of professionals, by increased external monitoring and demands for accountability. According to one view (Veatch, 1991) this approach wins the day by default because the notion of an ethics of trust is not only difficult to sustain: it is actually incoherent.

Robert Veatch attacks what he sees as the three arguments supporting an ethic of trust: (1) that professionals serve the client's interest; (2) that professionals can present value-free facts to the client; (3) that professionals should act on a set of virtues inherent in the profession. Veatch argues that modern professionals ought not to know what the client's interests really are — the most they can know is what the client's interests are in one particular area of life. Whereas medical professionals might be primarily concerned with promoting health, for example, health might not be the top priority for a patient (Goldman, 1992). Veatch further argues that professionals cannot present value-free facts; and that it is a serious mistake to think that any given profession is associated with one particular conception of virtue. For example, the talmudic and libertarian lawyer will be informed by different conceptions of the virtues appropriate to lawyering.

A less pessimistic approach is to investigate the possibility of grounding trust in the professions anew. Koehn has argued that to do this is fairly urgent because professions represent the mechanism chosen by Anglo-American morality for providing people with goods such as health and justice, and if professionals are not trustworthy, where are we to turn for help? Health and justice are not goods that are readily dispensed with. For Koehn, the challenge is to show not only that there are grounds for trust in the professions because they provide people with such goods when they lack them, but also that they do not violate the requirements of ordinary morality (Koehn, 1994).

How are the ethical questions to be addressed? The central issue seems to be concerned with the contrast between the external and internal perspective. The external approach would be to take a normative theory, such as Kantianism or utilitarianism, and apply it to the issues arising in the professional-client encounter and the social role of professionals. An alternative would be to examine whether, rather than applying such an external standard, there are values internal to particular professions. A feminist ethic of care could count as either external or internal according to how it was interpreted — whether, for example, an ethic of care provides a framework for addressing problems or whether it perceives care as a virtue inherent in certain professions (Curzer, 1993).

As an example of the application of an external theoretical framework, Richard Tur suggests that the standard conception of the lawyer's role arises from the political philosophy of liberalism with its neutrality concerning ideas of the good life, and is associated with the moral philosophy of utilitarianism. The application of utilitarianism to

lawyering suggests both that the good lawyer is one who effectively pursues the objectives of clients and that doing this under the adversarial system promotes the best interests of society as a whole. This is both because the adversarial system is justified in terms of facilitating the emergence of truth and because to allow individuals to pursue their own view of the good life will maximize social benefits.

The internal approach, on the other hand, might attempt to derive values internal to specific professions by examining the point of those professions. Rather than accepting them as Illich's 'dominant' professions that take it upon themselves to define human need, the question to ask is what preexisting human need or value do and should they serve? This quest might take different forms. The identification of health and justice as goods that cannot readily be dispensed with, because they may be needed by vulnerable people, has been mentioned (Koehn, 1994). Or there might be an argument for some intrinsic or 'transcendent' values embedded in a professional activity (Tur, 1994). In the case of law, Tur suggests innocence as an internal value that has implications for specific actions in practice — if innocence is non-negotiable then plea-bargaining becomes unethical. Thirdly, knowing the point of a practice such as a professional activity might point the way to virtues internal to the practice of that activity. The virtuous doctor and the virtuous lawyer will not need to apply an ethical theory such as engaging in a utilitarian calculation. As virtuous practitioners, they will be able to see what is required in particular situations.

On this view, the virtues of a profession will be defined by reference to the meaning of the practice in question. This would facilitate an answer to the question, for example, of whether nursing ethics is distinct from medical ethics. The central issue that remains unresolved is whether the tension between a relativistic and a universalistic approach to professional ethics can be mediated by an appeal to the unity of the virtues in the moral life (Meilaender, 1991).

Conclusion: the future

In section 1 we saw that there have been changes in classification of types of activity as 'professions', with on the one hand a tendency towards deprofessionalization and, on the other, an increase in the number of occupations seeking professional status. The tension between these two competing trends is likely to continue because it constitutes a political struggle over control, status and recognition. Specifically, however, the debate about professional status is set to focus on certain areas in the near future, in some of which there are particular issues to discuss. Examples include those working in information technology, sport, science and academia. I shall pick out two of these. The IT professional has the potential to affect vast numbers of people globally through the new technology, but it is difficult to specify what the professional-client relationship might be and this needs exploration. Secondly, academic life has been challenged, at least in the UK, to examine itself and to professionalize. Issues of academic freedom and professor-student relations become more complex. The days of the 'gentleman scholar' and the eccentric professor seem to be over, with a move towards standardization of higher education teaching qualifications, quality assurance and the like. The questions of whether and to what extent the student client will be served must be examined. Moral philosophers, in particular, have been urged to examine their own role as professional philosophers in addition to exploring the ethical issues facing other professions (Parker, 1994).

Future problems facing professional ethics will continue to focus on the professional-client relationship but will have to address how this relationship (in, e.g., medicine) is likely to be affected by the increasing remoteness between profes-

sional and client. Telemedicine, for example, is now a feature of our experience. The effects of the internet on our relationships with each other are beginning to be a focus of concern.

These discussions will need to proceed against a background of debates in political philosophy about communitarianism, individualism, reciprocity, trust and the ongoing social purpose of old and new professions.

As far as the internal/external debate is concerned, some professions are actively promulgating internal values: for instance, the British Medical Association has recently revised its core values. There should be more discussion, however, about the characterization of the internal/external opposition itself, but also consideration of inter-professional relations, especially in the healthcare and social services context. Professional ethics will also, in my view, increasingly have to take into account issues relating not only to the social environment (e.g., resource questions and growing interest in public health issues) but also the physical environment and how professional ethics interacts with these wider concerns.

In this endeavour it is submitted that there is a need for continuing the trend towards multidisciplinary work in professional ethics, involving not only professionals and philosophers but also social scientists, to evaluate the perceptions of the value(s) and performance of professions among both present and future private and public decision-makers.

References

AIRAKSINEN, T. (1994) 'Service and science in professional life' in CHADWICK. R.F. (1994) (ed.) *Ethics and the Professions*. Aldershot, Avebury.

BEAUCHAMP, T.L. & CHILDRESS, J.F. (1994) *Principles of Biomedical Ethics*. 4th edn. New York, Oxford University Press.

CHADWICK, R. (1992a) 'Is There a Difference Between Standards and Ethics?' in *Journal of Advances in Health and Nursing Care* 1(1991), p. 75-89.

CHADWICK, R. (1992b) 'The function of corporate codes of ethics' in *Business Ethics: Contributing to Business Success*. Sheffield, Sheffield Business School, p. 79-87.

CURZER, H.J. (1993) 'Is care a virtue for health care professionals?' in *Journal of Medicine and Philosophy* 18(1993)1, p. 51-69.

DAVIS J.K. (1991) 'Professions, Trades and the Obligation to Inform' in *Journal of Applied Philosophy* 8(1991)2, p. 167-76.

DAVIS, M. (1991) 'Thinking Like an Engineer: the place of a Code of Ethics in the Practice of a Profession' in *Philosophy and Public Affairs* 20(1991)1.

FREIDSON, E. (1994) *Professionalism Reborn, Theory, Prophecy and Policy*. Oxford, Polity Press.

GOLDMAN, A. (1992) 'Professional Ethics' in BECKER, L.C. (ed.) *Encyclopedia of Ethics*. Chicago and London, St. James Press, p. 1018-20.

HÉYRY, H. & M. (1994) 'The Nature and Role of Professional Codes in Modern Society', in CHADWICK, R.F. (ed.) *Ethics and the Professions*, p. 136-44.

HOLDSWORTH, D. (1994) 'Accountability: The Obligation to Lay Oneself Open to Criticism' in CHADWICK, R.F. (ed.) *Ethics and the Professions*, p. 58-87.

ILLICH, I. *et al.* (1977) *Disabling Professions*. London, Marion Boyars.

KOEHN, D. (1994) *The Ground of Professional Ethics*. London, Routledge.

LANGAN, J. (1991) 'Professional Paradigms' in PELLEGRINO, E.D. *et al.* (eds.) *Ethics, Trust, and the Professions:*

Philosophical and Cultural Aspects. Washington, D.C., Georgetown University Press, p. 221-35.

MEILAENDER, G. (1991) 'Are There Virtues Inherent in a Profession?' in PELLEGRINO, E.D. et al. (eds.), *Ethics, Trust, and the Professions*, p. 139-55.

PARKER, J. (1991) 'Moral philosophy — another "disabling profession"?' in CHADWICK, R.F. (ed.), *Ethics and the Professions*, p. 27-41.

PELLEGRINO, E.D. (1991) 'Trust and Distrust in Professional Ethics' in PELLEGRINO, E.D. et al. (eds.), *Ethics, Trust and the Professions*, p. 69-85.

TUR, R.H.S. (1994) 'Accountability and Lawyers' in CHADWICK, R.F. (ed.) *Ethics and the Professions*, p. 58-87.

VEATCH, R. (1991) 'Is Trust of Professional a Coherent Concept?' in PELLEGRINO, E.D. et al. (eds.), *Ethics, Trust, and the Professions*, p. 159-69.

WILLIAMS, B. (1996) *Freedom on Probation: a case study of the Home Office enforced changes to the University education and training of probation officers.*

WINSLOW, G. (1984) 'From Loyalty to Advocacy: A New Metaphor for Nursing' in *Hastings Center Report* 14(1984)3, p. 32-40.

Note

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