Navigating Ethics Conflicts Arising from Clients’ Medical-Care Related Religious Beliefs:

A Case Application

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Abstract

Professional counselors are charged with adhering to legal and ethical codes, multiculturalism including respecting clients’ religious beliefs, and with protecting individuals from abuse and neglect. There are times when these core mandates converge to pose ethical dilemmas, such as when clients’ religious beliefs regarding medical care place children in perilous situations. In considering such situations, Jehovah’s Witnesses and Christian Scientists are used here as a backdrop for an example of an ethical dilemma of abuse and neglect. An ethical decision making model is selected and used as a means to process through a professional counselor’s appropriate course of action.

*Keywords:* professional counselors, religious clients, Jehovah’s Witnesses,

Christian Scientists, *ACA Code of Ethics*, ethical decision making

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In helping clients to the best of their ability, professional counselors practice within an almost unavoidable minefield of ethical dilemmas (Remley & Herlihy, 2013; Reynolds-Welfel, 2012). Professional counselors work to balance appropriate theory and evidence-based technique application, while at the same time striving to uphold with their clients’ foundational moral principles of autonomy, justice, beneficence, nonmaleficence, and fidelity (Kitchener, 1984). The profession has matured over the years to the point of charging its practitioners with ensuring they maintain multiculturalism as a key element of their professional identity (Sue, Arredondo, & McDavis, 1992; Worthington, Soth-McNett, & Moreno, 2007). It has been well documented that such multicultural diversity must include respect for, and integration of, clients’ spiritual and religious beliefs (Hall, Dixon, & Mauzey, 2004; Young, Cashwell, Wiggins-Frame, & Belaire, 2002; Zinnbauer & Pargament, 2000). All the while professional counselors are to be watchful and protective of those individuals, such as children and older adults, who are vulnerable to becoming victims of abuse or neglect. As licensed professionals, counselors are to be the advocates for such individuals who are unable to advocate for themselves.

A challenge emerges when the religious beliefs of a client are the reasons why someone is being abused or neglected. Prevalence of refusing medical and mental health treatment based on religious beliefs, or denying such treatment for those who are unable to make their own informed consent, remains unclear. Their very decision to avoid professional assistance may cause such individuals to suffer unseen. Further, professional literature is lacking in determining appropriate knowledge of how religious beliefs interact, both positively and negatively, in seeking professional medical and mental health services (Baetz & Toews, 2009; Cummings & Pargament, 2010; King et al., 2012). Miller and Thoresen (2003) indicate such dearth in the scientific research is due to historical assumptions that spiritual and religious beliefs cannot be scientifically studied. Since the mid-2000s, however, researchers have begun to construct appropriate scientific methods to examine the relationships between religious beliefs, health, and seeking medical care (Cummings & Pargament, 2010; Greil et al., 2010; Hall, Dixon, & Mauzey, 2004; Koenig, King, & Carson, 2012). Similarly, mental health professionals, aware that religion and spirituality can have a significant role in a client’s life, have begun to investigate the impact such beliefs have on seeking or avoiding mental health services (Cummings & Pargament, 2010; Dein, Cook, Powell, & Eagger, 2010; Ganga & Kutty, 2013; King et al., 2012).

Professional counselors must balance the moral treatment of clients, respect clients’ belief structures, and simultaneously guard against any client’s harmful treatment of others. Such an ethical dilemma will be explored by utilizing two examples of religions whose beliefs may put protected individuals at risk of harm. A vignette will be proposed as a means to conceptualize the potential dilemma, as will an ethical decision making model in order to process through the dilemma. Then, the ethical concern and the decision making model will be applied, exploring the situation to provide a reasonable suggested outcome which adheres to ethical and legal considerations. First, a brief overview of the two religious doctrine examples will be reviewed to understand how ethical dilemmas may arise for professional counselors.

**Background of the Ethical Dilemma**

The U. S. takes great pride in allowing its citizens the freedom of religion (Farr, 2008). The U. S. government, therefore, is often hesitant to interfere with how parents raise their children when decisions are made based on religious beliefs. As the American Academy of Pediatrics’ Committee on Bioethics (1997) has pointed out, this becomes problematic when some religious doctrine prohibits medical care for children who are otherwise unable to make, or prohibited from making, informed choices for themselves. Medical personnel view necessary treatment for children in such cases to be of the utmost importance for children’s physical wellbeing. Religious parents are not uncaring; rather they are concerned about the eternal spirituality of their children. Such parents “feel the spiritual welfare of their [child] is more important than their physical welfare” (Rose, 2009, p. 60). Where the medical community may desire to force such parents into providing physical care, professional counselors may not find the decision to be so clear. After all, professional counselors are ethically required by the American Counseling Association (ACA) *Code of Ethics* (2005) to practice from a multicultural standpoint, including respecting clients’ own attitudes, values, and beliefs. Two examples of organized religion arise where a professional counselor may be met with an ethical dilemma when a child is in need of medical care.

**Jehovah’s Witnesses**

Jehovah’s Witnesses are similar in some respects to many other Christian religions in that they are monotheistic, believe in the Bible, in Jesus and his resurrection, and that there is but one way to the Kingdom of God (Watch Tower Bible and Tract Society of Pennsylvania [Watch Tower], 2013). However, they do not agree in the common Christian belief of a Holy Trinity where God, Jesus, and the Holy Spirit are one. They believe in spreading the word of Jehovah (God) by witnessing to others about Him and their religion, which is why they chose the name Jehovah’s Witnesses. Congregations are overseen by a group of elders who are believed to have a special connection with God and therefore the most appropriate to lead (Watch Tower, 2013). Typically Jehovah’s Witnesses do not have an issue with seeking medical treatments, but they do refuse blood transfusions. According to the Watch Tower (2009), blood is refused based on specific scriptural references which forbid the acceptance of other people’s blood. Jehovah’s Witnesses can seek professional counseling as long as the process does not interfere with their beliefs or scripture, although attempts to handle mental health within the family or church first are encouraged (Watch Tower, 2013). Therefore, professional counselors may have Jehovah’s Witnesses as clients and, if a child needs a blood transfusion, may encounter an ethical dilemma.

**Christian Scientists**

Burke, Chauvin, and Miranti (2005) note that Christian Scientists believe that God is not just the Creator of everything, but rather God *is* everything. Said another way, God is “all that actually exists” (p. 261). They go on to note that for Christian Scientists, humans are all literal children of God, with Jesus Christ being the pivotal example of what can be achieved when a person finds the truth (which is God). For the Christian Scientist, salvation is found by realizing one’s full potential and harmony with God.

Because God is everything, evil does not truly exist. Likewise, sickness, even if it may feel real, “is a false belief or error of mortal thought” (Burke et al., 2005, p. 262). Historically, because science is viewed as the science of God, Christian Scientists combated both physical and mental health problems through prayer alone. A trained prayer healer may even be utilized for assistance in healing (The Christian Science Board of Directors, 2013). In fact, as Skolnick (1990) has pointed out, the Church of Christ, Scientist (Christian Scientists) cites a multitude of examples where prayer alone has healed even the most serious of diseases. In recent years, however, more church leaders have been loosening the rules forbidding followers to seek outside treatment from medical or mental health professions (Gazelle, Glover, & Stricklin, 2004). Although the church still strongly encourages healing through prayer, more locations are allowing individuals of the faith to seek any treatment available to them (Vitello, 2010). As the possibility of Christian Scientists seeking treatment from professional counselors increases, so too does the opportunity for such counselors to potentially experience an ethical dilemma. This may happen when such a client sees the benefit of seeking mental health counseling, yet holds dear the belief of denying physical medical treatment to themselves or their family members. It is with the idea of more Christian Scientists coming in for professional counseling that the following proposed ethical dilemma is derived.

**Vignette**

John is an independently Licensed Professional Clinical Counselor and National Certified Counselor working in Ohio at a community mental health center. John has been seeing his client, Susan, for the past three months for depression. Susan, her husband Ron, and their three children are Christian Scientists. Although their church encourages healing through prayer, years of struggling with depression have not improved for Susan with prayer alone and therefore she has sought professional mental health services as an adjunct to her faith healing. Her church leaders are aware of her decision to see a professional counselor although they remain ever vigilant monitoring Susan’s progress and that her faith is respected in counseling.

Having little experience working with clients of this religion, John has done research to better understand Susan’s religious beliefs, as well as had open dialogue with Susan who is more than happy to educate John further. He feels these additional steps have helped to increase his competency in working with Susan and others of her faith. During their last session, Susan was very distraught. Her 4-year old son, Joey, has come down with some sort of an upper respiratory infection. Susan firmly believes that prayer can heal Joey, although she also commented to John that “it just breaks my heart to see my poor baby suffer.” While maintaining respect for Susan’s religious beliefs, John becomes concerned about Joey’s wellbeing. Susan’s description of the symptoms sound to John exactly like what his niece went through when she had pneumonia. John expresses to Susan that he is certainly no physician, but the symptoms sound like it may be something serious, perhaps even pneumonia and Joey could be in real danger. He explores with Susan her willingness to take Joey to a physician sooner rather than later. Susan insists that she and Ron have already agreed that prayer alone will heal Joey and no physician will be necessary. After the session John considers the situation and what, if any, should be his next steps.

**Ethical Decision Making Model (EDMM)**

**EDMM Selection**

Although there are a variety of EDMMs now in existence for professional counselors (Cottone & Claus, 2000), the ACA’s EDMM remains the hallmark recommendation for its ease of accessibility and use. It has been selected for this topic for two primary reasons. First, it focuses on upholding moral principles such as autonomy and nonmaleficence with client interaction. Given the issue at hand centering on religious beliefs, basic moral concepts are key as they are often intertwined with various religious tenants. Second, it gives directional steps which serve to help professional counselors rely on a national EDMM recognized as a standard of care. Such backbone is preferable when dealing with ethical dilemmas stemming from client religious beliefs because it further supports decisions which may be called into question if the counselor practices a different religion than the client. In other words, a standard of care at least helps support a counselor if accused of bias or inappropriate use of their influence (Burke et al., 2005). The ACA’s EDMM was created by Forester-Miller and Davis (1996) and consists of following the seven steps of (a) identifying the problem; (b) applying the *ACA Code of Ethics* (2005); (c) determining both the context and layers of the dilemma; (d) generating possible action steps; (e) considering the possible outcomes and selecting the most appropriate action; (f) evaluating the chosen action steps; and (g) implementing the plan of action.

**EDMM Application**

The first step for John, under the ACA EDMM, is to address the primary problem. Specifically, if a case of child abuse or neglect is present and, if there is, what his appropriate ethical and legal actions should be. For less hazardous health problems the issue of not taking Joey to the physician may not be an issue. John has been told, however, that it is upper-respiratory related and believes the symptoms to indicate possible pneumonia. Pneumonia is curable, but left untreated it is a leading cause of death for children under the age of five both globally (United Nations Children’s Fund [UNICEF], 2013: World Health Organization [WHO], 2013) and domestically (Centers for Disease Control and Prevention, National Center for Health Statistics, 2011). In attempting to determine if Joey is in danger, John should consult research on potential causes for Joey’s conditions. John would learn that if it is pneumonia, Joey is in serious danger of death. Knowing the specific health condition of Joey in this case is not necessarily a requirement for John to act because, in the state of Ohio, professional counselors are mandated reporters who are charged with protecting any child that “has suffered or faces a threat of suffering any physical or mental wound [that]…reasonably indicates abuse or neglect of the child” (State of Ohio, 2011, Section A.1.a). Therefore, knowing that there is at least the possibility of health risk is enough to require John to act in protection of Joey.

The second step for John, now that he has identified he does have a problem he needs to address, is to consult and apply the *ACA Code of Ethics* (2005). Additionally, as a National Certified Counselor, John will also need to consult the National Board for Certified Counselors (NBCC) *Code of Ethics* (2012). In so doing, John will find a number of ethical codes by which he finds direction. In general John is responsible per both of his ethical codes to provide clients informed consent and its limitations both at the onset of counseling and throughout the counseling process (ACA, 2005, Section A.2.a, Section A.2.b, Section B.1.d; NBCC, 2012, Directive 69, Directive 72). Such limitations should include the required reporting of child abuse or neglect. Additionally, from a multicultural perspective, it is important that John carefully consider that his own personal values are not interfering with his consideration of reporting Joey’s condition as outlined by the *ACA Code of Ethics* (2005) Section A.4.b and the *NBCC Code of Ethics* (2012) Directive 26. In the specific situation at hand, John is also informed by the *ACA Code of Ethics* (2005) that he is ethical in breaking confidentiality and reporting as professional counselors are “required to protect…identified others from serious and foreseeable harm or when legal requirements demand that confidential information must be revealed” (Section B.2.a). However, John must only provide the relevant details of the situation (ACA, 2005, Section B.2.d; NBCC, 2012, Directive 57). In the case of Susan and Joey, John need only call the county child protection agency and notify them of Joey and his potential health issue. John does not need to disclose that Susan is his client, nor necessarily any information that does not specifically pertain to Joey needing assistance. Finally, John considers his ethical opportunity to consult with other professional counselors regarding his situation (ACA, 2005, Section C.2.e). Discussing the situation may provide John with helpful insight as to how best move forward.

John’s third step (determine aspects of the dilemma) and fourth step (determining course options) in the ACA EDMM model become quite clear and directed for him because he knows as a mandated reporter he is both legally required, and ethically justified, to report Joey’s situation. Evaluating this course of action as step five becomes two fold. First, the specific way of handling the situation warrants further consideration by John prior to acting because the therapeutic relationship with Susan must be considered. If John hopes to maintain the relationship, he will need to notify Susan directly of his decision to report Joey. As a result it is likely the therapeutic relationship will undergo a strain. Susan may, given her cultural value structure rooted in her religious beliefs, become untrustworthy of John, or ever the profession of counseling as a whole. Should this happen, her opportunity to seek additional assistance for her mental health needs may become even more limited. With Susan’s church leaders monitoring her treatment, it is further possible they will learn of the situation and encourage their followers to avoid professional counseling, possibly limiting others in seeking mental health services outside of the church. John would be wise to discuss these possibilities when seeking consultation from other counselors in order consider all possible ways to best address Susan’s potential concerns and possible backlash from church leaders.

The second area of consideration for John’s step five of the ACA EDMM is to consider what action(s) the county children services agency may take, and even the medical professionals should they be engaged in Joey’s case. Professional counselors can often find themselves frustrated when reporting abuse and neglect if they feel the agency which is handling the follow-up does not act in a way the counselor feels is best. For John, this may become a concern. Although it may become difficult for him to do, because he may want to know the final outcome or even help Joey himself, John will need to remember his responsibility is to report the situation and to best manage Susan’s counseling. How the other agency handles the situation and/or the medical individuals that may get involved is not for John to handle. He must trust the other licensed professionals to do what is in the best interest of Joey.

The final step for John is to implement his course of action. Given the nature of the situation, John will need to act quickly. It would be recommended for him to work through the ACA EDMM the same day he learns of Joey’s situation. When dealing with the health and potential abuse or neglect of a 4-year old child, of course time is of the essence not only for the child’s sake but also for legal requirements for mandated reporters to act quickly (State of Ohio, 2011). John needs to make two phone calls. He needs to contact the appropriate county children services agency and make the report about Joey, and he needs to also call Susan. When contacting the children services agency, John now knows from the *ACA Code of Ethics* (2005, Section B.2.d) and *NBCC Code of Ethics* (2012, Directive 57) he should only provide the relevant details of Joey’s situation.

**John then** needs to call Susan. Let us assume, for the sake of this example, that John **covered** the informed consent and its limitations with Susan when they began her services, and he reminded her when he first learned of Joey being sick. When contacting Susan now he should begin by reminding her of the informed consent and its limitations when potential harm of a child. He should then outline for her how and why he has made the decision he has made. He should also immediately begin to address Susan’s concerns and the therapeutic relationship between them. In an optimal situation Susan will understand John’s requirement to report about Joey. That way her relationship with John and the counseling process can be salvaged. Because being present with Susan should others (e.g. children services or a medical physician) come to investigate Joey’s would be beneficial for Susan and her therapeutic process, John would be ethically approved to offer such assistance, per *ACA Code of Ethics* (2005) Section A.5.d. Of course there will be no way for John to know if such a positive outcome will occur or even be possible. He may in fact altogether lose the counseling relationship with Susan.

**Discussion**

Respecting client**s’** personal culture, attitudes, values, and beliefs can sometimes challenge professional counselors. This can certainly be the case when a vulnerable population is being abused or neglected. As Vitello (2010) reports, there is the likelihood, as church doctrine adapts to meet the needs of its followers, more individuals with the types of firmly held religious beliefs discussed will be entering counseling services. Further research with such religions’ leaders would provide insight as to how professional counselors can assist with mental health needs of congregants while honoring church doctrine. The frequency professional counselors can expect to encounter clients who hold spiritual or religious beliefs which place themselves or others at risk of harm remains unclear. Additional research in this area would assist in understanding prevalence.

The potential influx of this client demographic brings with it an increase in possible ethical conflicts for professional counselors. Avoiding the dilemmas may not be possible, but as demonstrated by the example of John, they can be navigated. Successful navigation is found by seeking consultation, as well as following appropriate state laws, professional ethical codes, and a well-constructed EDMM.

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