Responsible to Whom? Responsible for What? Some Ethical Issues in Community Intervention

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To sort out the elements of an ethical problem and fashion an acceptable solution, psychologists must balance competing values and cope with unexpected outcomes. They must know (or decide) to whom and for what they are accountable. Community psychologists often work in situations where loyalties are unclear, and where the ripple effect of interventions maximizes the possibility of unanticipated consequences. Two cases are presented to illustrate problems of accountability and the need to transform an ethical decision into a series of choices guided by emerging information.

Ethical decision makers must recognize an ethical dilemma when they see one, understand the elements of the dilemma, and decide what a solution should include. In carrying out these tasks, they confront several problems: They must define concepts while in the midst of action, balance competing values, and act on the basis of imperfect information. This article explores these tasks and problems as they arise for community psychologists.

Editor's Note: The subject of ethics, in the specific context of Community Psychology, deserves our attention. This paper provided us with an opportunity for such attention. My own reactions to it were of sufficient range to lead me to invite commentary from individuals with a range of views. Thanks is extended to the eight authors whose comments immediately follow.

The cases in this paper were first presented in talks given to the Canadian Psychological Association and the Ontario Psychological Association. On both occasions, Carole Sinclair made valuable comments on the material; Elaine Campbell and David Colquhoun also contributed to the present formulation of these issues. In the editorial process, three anonymous reviewers made many valuable suggestions. The paper was written while the author was Invited Professor at the University of Montreal.

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Shortly after the formal creation of community psychology, Golann (1969) identified it as an emerging area of ethical concern. He pointed out that ethical dilemmas arise in situations that involve multiple loyalties and conflicting demands—the sort of situations in which we usually work. Community interventions have become broader and more innovative since Golann expressed his concern, increasing the problems of accountability and the likelihood of unintended side effects. The recent development of a new code of ethics in Canadian psychology was, in fact, prompted in part by the problems faced by community psychology (Sinclair, Poizner, Gilmour-Barrett, & Randall, 1987).

Because of the scope of its interventions, and the vagueness of its mandate, community psychology often faces two key ethical questions: To whom is the psychologist accountable, and for what? The first question arises in situations where the psychologist does not have a clear, formal contract with an identified client, but it is by no means restricted to those situations. Even when such a contract exists, the intervention usually affects individuals and groups who were not parties to the contracting process. A psychologist may be asked by one person or agency to work on behalf of another group whose members are only vaguely aware that a professional is working to advance their presumed interests. Interventions may have an impact on still other groups who gave no consent at all to the psychologist's work.

The second question—accountable for what?—focuses our attention on the unanticipated consequences of community interventions. Ethical codes and didactic cases are often written as though a dilemma required a single choice by a decision maker who had all relevant information at the moment of choice. The following short examples are drawn from medicine, social work, and psychology:

At an infant intensive care unit, the conclusion has been reached that a particular child, John, will in all likelihood die in the next few days . . . the physician in charge and his team are virtually certain that John's massive brain hemorrhage will be fatal. At this very time, an urgent call has come to the intensive care unit to admit another infant as soon as possible. The physician . . . would like to take John off the respirator, now needed for someone else. But John's parents would like every effort to be made to save their son? What do you think the physician in charge should do? (Reisser, Dyck, & Curran, 1977, pp. 663-664).

You are counseling Anna, who cannot cope with her 16-year-old daughter. Anna tells you that she lied to your agency about her income so she would receive more benefits, what ought you to do? (Rhodes, 1986, p. 76).

Several psychologists and students sent an ethics committee a local newspaper article containing a quote from a psychology professor who admitted to having frequent sexual relationships with undergraduate students in his classes. (Keith-Spiegel & Koocher, 1985).

In these cases, all the information is on the table, and each seems to require a single choice: Does the doctor take the dying child off the life-support system? Does the social worker disclose information about her client?