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MORAL PRINCIPLES OF PROVIDING SOCIAL SERVICES

Summary. This article is about the analysis of moral principles, including the principle of doing no harm, basically beneficency and doing good, the principle of autonomy and the principle of justice. The fifth principle is a virtue. The author defends a thesis that explains that moral principles are an equally important element in the provision of social services, as qualification itself. With the help of practical examples, the author shows how these principles can be used directly in the service provider's activity and together with that examines the moral dilemmas that occur in practice. The author has come to this, that it is necessary to open the discourse on moral principles which determine the quality of social services.

Keywords: Disability, human dignity, moral principles, quality of a service – a tool of welfare.

ZASADY MORALNE W ŚWIADCZENIU USŁUG POMOCY SPOŁECZNEJ

Streszczenie. Artykuł ten poświęcony jest analizie zasad moralnych, w tym zasadzie nie szkodzić, zasadzie beneficencji i czynienia dobra, zasadzie autonomii i zasadzie sprawiedliwości. Piątą zasadą jest cnota. Autorka broni tezy, która wyjaśnia, że zasady moralne stanowią równie istotny element świadczenia usług społecznych co sama kwalifikacja. Za pomocą przykładów praktycznych autorka prezentuje, jak zasady te można wykorzystać bezpośrednio w działalności usługodawcy i łącznie z tym analizuje dylematy moralne, które zdarzają się w praktyce. Autorka doszła do tego, iż niezbędne jest otwarcie dyskursu na temat zasad moralnych, które określają jakość usług społecznych.

Słowa kluczowe: niepełnosprawność, godność człowieka, zasady moralne, jakość usługi – środek dóbr.

Modern understanding of social services is characterised by emphasis on respect to human dignity and human rights. International Code of Ethics of Social Work adopted by the International Federation of Social Workers (IFSW) in 2004 emphasizes that social workers should respect and support right of each human-being to decide for themselves provided that it does not put their rights and legitimate interests at risk, to identify and support the strengths of the persons they work with and to strengthen their social inclusion and so on¹. There is quite a common opinion according to which the human dignity or human rights are rather legal and political categories (creating basis of international documents) than moral categories. From this point of view, human rights or respect to human dignity can be considered rather academic matter that does not have anything in common with everyday difficulties of the provider of social services. The purpose is to show that moral norms and principles are a relevant factor of the quality of social services. We defend the view that compliance with the moral norms and principles plays as important role in the social services as well as education and professionalism. Quality care providing in the facilities of social services is important not only in terms of an exercise of social service itself but mainly in terms of quality of life of the recipients of social service. The care shall satisfy needs of those who need it. From the moral point of view, everyone shall have good chances and basis for self-respect, based on equality. In this context, following questions arise: What kind of values and moral principles should be behind the care provided in the facility of social services? How to create a system of care that will respect diversity of human needs and human dignity? Bearing in mind own specifics of social and health care we can conclude that also in the area of social services we can apply moral principles identified by T.L. Beauchamp and J.F. Childress that are considered to be paradigmatic reflection of the substance of care in the modern medicine. In relation to healthcare, there are four basic ethical principles – principle of non-maleficence, principle of welfare, principle of autonomy, principle of justice. In our opinion, the fifth principle – virtue is also relevant in terms of medical or social care. (Kořenek, 2002, p.180; Prior, 2005, p.98-110) In the study we will analyse what these paradigmatic moral principles mean for care providing and how they can be specified for accommodation social services. The issue of providing social services is quite wide – from the services for people who do not have basic living conditions through services to support family with children, to services to solve unfavourable social situation due to unfavourable health status, severe disability or age. In the study, attention is primarily paid to the social services with regard to disabled people and seniors.

¹ See the International Code of Ethics of Social Work adopted by the International Federation of Social Workers (IFSW), 2004, translation of the English original: M. Nečasová, [in:] Sociální práce 2004, p. 31-36.

Principle of non-maleficence

The first principle is doing no harm (non-maleficence). The term is perceived as an ethical minimum: in medicine, it reflects the requirement for physicians and health care professionals to avoid risks during the prevention, diagnosis and treatment process. (Koišová 2011, p. 14) Non-maleficence is interpreted as doing no harm, no damage, and not increasing suffering. We could also say that no one that comes into contact with a sick person or a person in need of assistance of another person because of severe disability and/or unfavourable health condition shall knowingly cause harm or damage to said person.

In the area of social services, this principle is very important. With regard to the sphere of application, however, it acquires another meaning. Since we have no knowledge about a similar research conducted in Slovakia, our report relies on the conclusions of a Czech ombudsman. The most common problematic attitudes in relation to providing social services are *stigmatization* and *labelling* of recipients of social services. Disabled people are referred to as aggressive, demented, lying clients, etc. Another type of inappropriate behaviour that can harm the recipients is objectification (in the health care sector, P. Příhoda calls it depersonalization), that is to handle the disabled as a thing, e.g. handling the wheelchair without the desire or knowledge of the disabled person that is sitting on it, talking about them in third person when they are present, entering their personal/private space and belongings without their prior consent, etc. Another problematic attitude towards recipients of social services is called infantilization: adults with limited mental capacities or people of advanced age are viewed as children. For example, the recipient's human dignity can be affected by treating the adult as a child (room decorations, painting them masks without their consent, reading and reciting children's poems), using expressions normally used with children (diminutives, talking in a childish voice, etc.), constantly testing their knowledge, putting them in the position of pupils, children, etc.²

Keeping the problems outlined above in mind, we will try to demonstrate how the non-maleficence principle can be incorporated into the everyday practice of social services. To this end, let's take a closer look at some basic ways to deal with recipients of social services. They have been best described by M. Pörtner in her concept of focusing on the individual. The first principle is to respect the balance between the framework and space for making one's own decisions, to create the best possible conditions for life and development of recipients, congruence, not to prefer diagnostic perspective, necessity and suitability of

² More on these problem attitudes of employees to the recipients of social services see Zpráva z návštěv domovu pro osoby se zdravotním postižením. Veřejný ochránce práv, October 2009: <http://www.ochrance.cz/ochrana-osob-omezenych-na-svobode/zarizeni/zarizeni-socialnich-sluzeb/zprava-z-navstev-mentalne-postizeni-cerven-2009>.

searching another inner source, to focus on process, not to make decisions for the recipient, trust in development possibilities due to adapting to changed conditions, responsibility for oneself. The task of supporting persons is to find out which matters of everyday life may be suitable for recipients to be responsible for themselves. (Pörtner, 2009, p. 25 – 38)

We should add to the above-mentioned M. Pörtner's principles that to strengthen a positive attitude of the public to the disabled people, it is necessary to change words and attitudes to them. The way we behave to them creates an idea how the disabled people really are. When a person is introduced, it is necessary to look for their strengths (skills, abilities). The basis of expressing respect towards people with disabilities is to treat them in the same way like other people of the same age.

These methods that were defined by M. Pörtner and analysed above, are a practical implementation of a principle of non-maleficence in everyday conduct of social service and should create a moral background of the conduct of each employee irrespective whether it is a social therapy, physiotherapy, health worker, nurse and other positions within the social service.

Principle of beneficence and doing well

Principle of beneficence belongs to the main principle of medical ethics that is important also in care providing within social services. First of all, we will pay attention to clarification of origin and essence of the principle of beneficence and secondarily to the specifics of its applying in the social services. The principle of beneficence coming out of Hippocrates' tradition presents a positive dimension of doing no harm: to prevent harm, to eliminate it, and in the meantime to support the good, i.e. physical and mental wellbeing and the overall welfare for the ill including helping them in realizing their plans. There are also certain restrictions, for instance possible risk of hurting oneself that is necessary to be considered with regard to a Professional obligation to cure (treatment of a psychiatric department). (Munzarová, 2005, p. 43). Aristotle can be considered to be an inspiring source in this direction, who showed the possibility of connecting ethical theory with practices, what kind of methods it is possible to choose in recommendation for moral practice. (Fobel, 2010, p. 19). According to Aristotle, the welfare is aim and purpose of each and every human activity. The „welfare“ in Aristotelian sense is fulfilling an inner purpose of a given activity, why this activity exists. (Aristotle, 1979, p. 19)³. From this point of view, the aim of the medicine and

³The question, what kind of role the good plays in life of a human-being, is one of the key questions also in the contemporary ethics. Argument of a Canadian philosopher named Charles Taylor on necessity of constitutive

all the medical assessment is the welfare of the sick. Health is a value that no one since the times of Plato and Aristotle has doubted. All the moral principles of doctors or medical personnel who realize a process of healing, curing, supporting, caring, and long-term care, come out of this claim. A moral defined like this is consistent with the ethics based on virtues and principles. In the medical and social care, the action of the medical personnel, as well as of each employee is based on – regardless the position in the social services – ethics of a good life and ethics of virtuousness. The good leads to welfare, development of a human-being, fulfilling of humanity (activity, relationships, human-being), it is also a criterion for each human action, at the same time it is possible to draw moral rules for a certain situation from the good. In the social services, the principle of beneficence acquires a specific status. The notion of health disability includes damage of biological functions as well as restrictions that a person faces in everyday life due to this damage. More accurate methods in the medicine allow to specify more precisely several kinds of disability, its causes and treatment possibilities. Social services shall provide such a care that allows people in unfortunate social situation due to a disability to become a part of majority. In the social services, the nursing care is provided also to patients with a severe disability. The good of recipients is the aim of action not only of medical personnel.

Nursing ethics is interconnected with medical ethics. Unfortunately, it is often not possible – with regard to a severe disability – to reach an ideal aim: recovery. In these situations, it is necessary to decide for an approach in accordance with the own final aim of the medicine: respecting and nursing a human-being in their all interconnected dimensions. In other words, with regard to a severe disability we are trying to enable to these people to lead full lives and to remain the scope of self-care as far as possible. Expressing respect to a disabled person means that we treat them with the same respect like the other persons at the same age.

Having regard to the above-mentioned issue that in most cases full recovery is not possible in persons with severe disabilities we will try to show how to implement the principle of doing the good into everyday practice of providing of social services. Medical good aimed at return of physiological functions should be considered, under conditions of the social services, with

forms of the good that authorise the human-being to be good and to do the good because they are worth love and respect, enables to renew the idea of love to the good as a motivating power. According to him it is love that motivates people to follow the good in life and to do the good. Moral theory should not only “include moral orders to behave in a given way but also to love what is the good.” (Taylor, 1989, p. 93). Incentive interpretation of a good life is offered by R. Rorty through imaginary sympathy like „abilities to imagine the most ideal way of solution“. (Litvová, 2011, p. 202). Rorty considers moral development to be a “question of increasing sensitivity, deepening the ability to respond to the needs of various people and things“(Višňovský, 2008, p. 620). R. Rorty believes that moral development consists of enriching moral character, sensibility to the needs of the others. Rorty’s romantic idea of better future of the humankind lies in the fact that it contributes to the human happiness and social hope by fulfilling the common professional and moral aims, creating new forms of humanity based on the sensibility. Rorty says: “This element of the romantic hope, this willingness to replace the certainty by the imagination and the pride by curiosity...This sovereignty of the point of view means to me that we have to create new forms of the humanity...” (Fobelová, 2011, p. 149).

regard to the fact, how the effort of physiotherapists, nurses and other employees to return health to a recipient, is perceived by disabled persons, what ideas they have on their life and social inclusion. In this context, M. Pörtner recommends to listen to the recipients of social services, to accept them, to be acquainted with their life stories, to respect how they can cope with their disability and to know their habits. Supporting persons should be aware of what is not comfortable for the recipients and build on what is comfortable for them, and to look for solutions and so on. (Pörtner,2009, p. 39-63).

Conclusion: Principle of beneficence plays an important role not only in the medical care but also in providing social services. The aim of applying this principle in the social services as well as in the medical care is a good life and welfare of individuals, stabilisation of health status, adapting to the disability, strengthening of self-sufficiency, support of their physical and mental wellbeing and the overall welfare including help in realizing their own ideas. Often, the full recovery is not possible due to the extent of disability. Therefore it is necessary to decide for an approach in accordance with the own final aim of the medicine: respecting and nursing a human-being in their all interconnected dimensions and to provide not only medical but also social care.

Principle of autonomy

The notion of autonomy generally depicts independence, self-existence, self-government. It comes from a Greek word *autonomia* (*autos* – self, *nomos*– laws).

The moral principle of the humanism emphasises values of a human-being, of their life within the values pyramid. The good is all that leads to development of the human-being, to the fulfilment of their humanity. Methodological approaches of research, analyses primarily taking into account the human aspect, determining factors of the humanity can be found for example in the humane medicine, humane management and so on. Basically, it is about intellectual, spiritual, as well as professional orientation where emphasis is put on human dignity and recognition of the human-being in their full being. (Fobel, 2000, p.23). Therefore, these people should be treated as equal human-beings, worthy of the same respect that should be given to everyone because they are offered a reason and the objectivity of the reason should be considered, purpose, way and possibilities of the medical care that should be provided to them. They think of alternative solutions of medical issues, treatment, they consider the risks of diagnostic procedures and therapies or necessary healthcare. These ideas appear in the medical legislation in the principle of so-called informed consent – a basic principle including human rights. The principle of informed consent is proposed in a way that

it can be ensured that the participants of the research are aware of the research nature which they take part in, as well as of consequences of their participation. The recipient of the service needs to be provided with all the available information including familiarising themselves with actual risks whereas freedom of choice is ensured.

In the context of care of seniors or mentally disabled people one can get in a situation where the human-being is at the edge of understanding of their own situation. Therefore, the issue of autonomy opens the door to many questions within the social services. How is it possible to fulfil this principle when the human-being is at the edge of understanding of their own situation? When is it the right time to decide for someone else? When are these people just hypothetically able to decide and who should decide for them? Supporters of the rights of mentally disabled people and people with learning difficulties oppose that the model of deciding rooted in the modern culture, simplifies the process of reaching decisions because as rational behaviour is considered only that kind of behaviour inferior to logical analysis of accessible information. They oppose that mentally disabled people cannot be automatically considered to be unable of rational decisions. Intellectual abilities can disadvantage them, ability to think logically and abstractly can be damaged, too but it does not have to influence their ability to be an autonomous person and an ability to decide on their own life. It follows that in spite of differences in the abilities of logical and abstract thinking, it is necessary to accept the opinions, needs and wishes of these people with the highest respect. The providers of social services are required to include the person to which this service is provided, as far as possible, into the decision-making process regarding the kind and process of the service.

The right of choice and decision-making for disabled persons is promoted also in the *United Nations Convention on the Rights of Persons with Disabilities*. In Article 12, regarding the equality before the law, a shift in the approach to the mentally disabled people or persons with psycho-social disability is reflected. A requirement is laid down to leave an idea of the substitute decision-making in the legislation and to substitute it with supported decision-making that comes from an assumption that each and every person is able to decide, however they may need bigger or smaller support to do so.⁴ Recipients of the social services therefore acquire right to make their own decisions. Providers of social services should create conditions for a recipient to be able to learn and develop an ability to decide. Supported decision-making helps people understand information and make decisions based on their own preferences. Mentally disabled people may need for instance help with reading or in paying attention to make decisions. In persons with difficulties in communication, the provider brings possibilities of choice in many different ways, for example by using alternative communication, illustrative aids, role plays, supported decision-making and so on. One can

⁴ See: United Nations Convention on the Rights of Person with Disabilities. Journal of Laws of the Slovak Republic No. 317/2010, Annex to part 122, Art. 12.

have an authorised family member who interprets their non-verbal communication, for instance positive or negative physical reactions or can use alternative or augmentative communication. Supporting person assists to the supported person in a way that they explain the matters to the supported person and help them communicate. According to M. Pörtner, it is appropriate to provide the mentally disabled people with transparent possibilities of choice by offering the alternatives in minor matters of everyday life, with the use of focal points for their negotiation. (Pörtner, 2009, p. 23). Canadian supporter of rights of mentally disabled people, Michael Bach from Canadian Association for Community Living, goes even further. In his opinion, presented in a conference “Europe in action 2007“ in Warsaw in May 2007, a model of supported decision-making is an agreement to provide equal approach to the processes of decision-making – in the medical care, finances/property and personal decisions (Stavrovská, Mišová, 2009, p.30). Tendency to overcome prejudices on abilities of mentally disabled people to decide on their own lives can already be seen also in the Slovak Republic. It is mostly reflected in the preparation of a new Civil Code that should cancel the institution of deprivation of the mentally disabled people of their legal capacity.

Principle of justice

Distributive issues (i.e. questions what is fair⁵) are part of important range of issues of the ethics in social services. Discussion is conducted on the issues, according to what criteria limited financial sources, social services, social benefits or working hours of the employees in the social services should be distributed. According to T.L. Beauchamp and J.F. Childress if there is right to health, it is a positive right to goods and services included in the claim to right. (Beauchamp, Childress, 2009, p.350)

The question is to what extent there really are ethical commitments to help people in need and to what extent they are morally just and eligible. The question of fair approach to the recipients of the social services therefore often changes into a question of moral claim to social service. Decisions of the employees in social services on dividing limited sources is partly influenced by their evaluation to what extent an individual deserves assistance. On one hand, there are those who did not get into trouble by themselves, as for instance people with birth defects. On the other hand, there are people who we are persuaded of that they willingly decided to lead lives that got them into trouble as for example the drug addicted.

⁵ In the study we do not pay attention to individual theoretical concepts of justice. We rather pay attention to issues that play important role directly in carrying out social services in the context of justice. Theories of justice – see Palovičová Z.: Spravodlivosť ako problém sociálnej filozofie. Trnava: University of Ss. Cyril and Methodius 2014.

Between these two groups there are those that in our opinion if they really wanted, they would be able to overcome their problems. For example the youth and criminals. Currently there is a list of factors explaining criminal behaviour: divorce, sexual abuse of children, insufficient education, weak role models, drugs etc. In spite of understanding these behaviour determinants, many employees of the social services tend to consider this youth to be responsible for their failure. They suppose that if they critically reconsidered the values in which they were growing up, they could change their lifestyle. We have a similar opinion of elder people whose forgetfulness, tactlessness or weak hygiene annoy the others. Even if we admit that their growing physical weakness can be a reason of their behaviour we often believe that these inconveniences could be significantly smaller if these individuals would make greater efforts. The same is valid for all those who experience a wide range of emotional difficulties like low self-confidence or depression that can prevent them from entering the labour market.

Responses of the employees in the social services to this kind of people are to greater extent function of their feeling regarding moral responsibility and efforts of the given individual. Concept of moral responsibility implies that the individuals can or they should be responsible for their behaviour and problems. In spite of all that we know about social, economic, medical or psychological reasons due to which the clients should not be regarded to be responsible for their actions (and therefore they need the assistance), it might happen that the employees' feelings regarding the client's value are a source of unfair approach to them. For example, in spite of the fact that we know that very few people are poor because they have chosen their situation, there can be found a light contempt for the poor among the social workers.

This kind of stigmatisation can be considered a reason of unfair approach to people reliant on social services⁶. We defend the view that the most promising theory of justice relevant from the point of view of providing social services is the theory paying attention to interactions and relationships among social actors. According to this theory, the aim of public policy is to treat people with the same honour and respect – this requires to create conditions for the full integration of the disadvantaged into the society.

Conclusion. In the study, we have tried to argue in favour of implementation of the moral into social services. The aim is represented by good life and individual's welfare in the society based on common professional and moral targets. Quality of a service is an indirect tool of organisational culture. We depicted basic moral principles that are the core of the social services. Bearing in mind own specifics of social and medical care we can conclude

⁶ It is interesting that while the older kinds of stigmatisation emphasized biological inferiority, new opinions refer to non-functioning social norms of behaviour like single parenthood, dependence on social benefits, criminality, uneducated people and so on.

that also in the area of social services it is possible to apply moral principles identified by T.L. Beauchamp and J.F. Childress, the principle of non-maleficence, principle of doing good, autonomy and justice.

In the principle of non-maleficence we were primarily paying attention to the analysis of depersonalisation. To strengthen a positive approach of public to disabled people, it is important to implement the principle of non-maleficence into the everyday practice of providing the social service not only by some basics of dealing with the recipients of social service that create moral background of each employee's act but to change words and attitudes to them, to look for their strengths and remind their contribution. The principle of autonomy requires to provide the recipient of the service with all the information available including becoming familiar with risks whereas the freedom of choice, assisted by a supporting person, is provided. The question of fair approach to the recipients of social services is often changed into the question of moral claim to social service. In connection with the analysis of moral principles we have also addressed the issue of some aspects of respect to human dignity in the context of social services.

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Omówienie

Opieka społeczna może być rozumiana jako działalność praktyczna w wąskim znaczeniu. Ukierunkowana jest ona na bezpośredni kontakt pracownika socjalnego z osobą, grupą lub społecznością w celu identyfikacji problemu, aby postawić diagnozę społeczną i zapewnić terapię społeczną. Możemy rozumieć ją również w szerokim znaczeniu, zgodnie z którym usługi społeczne obejmują również wsparcie instytucjonalne. Celem artykułu jest pokazanie, jaką rolę odgrywa etyka w usługach społecznych. Artykuł broni tezy, że przestrzeganie norm moralnych i zasad odgrywa ważną rolę w dziedzinie usług socjalnych, a także edukacji i wiedzy. Głównym celem badania jest przyczynienie się do obecnej dyskusji, dotyczącej jakości usług społecznych poprzez uzasadnienie trafności etyki w świadczeniu usług społecznych.