ETHICAL GROUNDS FOR THE SOCIAL AND HEALTH CARE FIELD

CONTENTS

TO THE READER

Ten years ago, the National Advisory Board on Health Care Ethics (ETENE) published a report entitled Equity and human dignity in health care in Finland. The purpose of the publication was "to stimulate an open public debate, to which we invite all those involved in healthcare, decision-makers, the media and the general public". The opinions voiced back then remain topical today; changes in the operating environment have not rendered them obsolete.

Since then, ETENE has published reports and statements on dozens of topics, seeking to provide further material for in-depth debate. These documents and plenty of other material are available in digital form to all Internet users. There is thus no shortage of things to discuss.

The purpose of the present publication is to extend the consideration of ethics to social services in addition to health care: what is right and what is good when we consider human individuals in the entire field of social welfare and health care? This discussion may yield new insights or confirm our belief that our everyday routines have not become dissociated from their ethical foundations. Ethics expertise can be promoted in many different ways.

The groundwork for this publication was done by a working group consisting of Kari Eskola, M.D., Jaakko Heinimäki, M.Theol., Markku Lehto D.Sc.(Pol.), Irma Pahlman, L.D., Aira Pihlainen, Ph.D., Tarja Pösö, Ph.D., Raimo Sulkava, M.D. and Päivi Topo, Ph.D. Aira Pihlainen and Jaakko Heinimäki had principal responsibility for preparing recommendations in the working group. The ethical guidelines were written up by Markku Lehto. Practical examples were compiled by Kari Eskola. The working group engaged in active dialogue and correspondence, as the contents of the publication show. The text was finalised after a thorough revision at the ETENE summer seminar. Professor Veikko Launis also kindly provided comments on the text.

ETHICAL RECOMMENDATIONS FOR
THE SOCIAL AND HEALTH CARE FIELD

(1) Professionals in the social welfare and health care sector respect the human dignity and basic rights of their clients and patients

Everything that is done in social services and in health care is rooted in human dignity and respect for the human individual. This encompasses basic rights, human rights, the right of self-determination and the right of choice. Clients and patients have the right of choice and the right to make independent decisions about their own lives and wellbeing. Treatments and services require the participation and consent of the client or patient.

The right of self-determination is protected by law and may basically only be restricted in situations where there is a clear and present danger. Fairness, social equality, gender equality, non-discrimination and privacy are also key values and principles related to human dignity and basic rights.

Respect for human dignity and basic rights must extend to how professionals treat the family members and other intimates of clients and patients.

(2) Social services and health care focus on the best interests of clients and patients

Everyone has the right to receive the treatment and services they need. The core principles of treatment and services include doing good and not doing harm. Doing good is conducive to solutions that support the needs, expectations and goals of the human individual in need of care and treatment: that the care and treatment provided are reliable and safe, and that all actions taken are based on confirmed knowledge and professional skill. Not doing harm means simply that any action taken must be such that its benefits for the client or patient outweigh its disadvantages.

It is in the best interests of clients and patients that treatment and servi-

ces are provided fairly and equally to everyone on the same principles. The treatment and services must be of good quality, uninterrupted and available within a reasonable time and a reasonable geographical distance.

Good treatment and services include treating clients and patients as humans and as individuals; tolerance; a comprehensive consideration of the health and wellbeing of clients and patients; and taking into account their linguistic and religious or ethical background.

(3) Social services and health care are about interaction

Interaction between clients and patients on the one hand and professionals on the other, and also between professionals, is respectful and human. Good interaction requires mutual trust, honesty and mutual commitment to the agreed goals and actions. Interaction includes acknowledging and appreciating the other person's knowledge, skills and experience, and also the right to be heard and to receive relevant information.

The personal treatment and service plan for a client or patient is drawn up by social welfare and/or health care professionals together with the client or patient. If necessary, a family member, intimate or legal representative of the client or patient may participate, with the latter's consent.

(4) Professionals are responsible for the quality of their work

Professionals are responsible for the quality of services and for the equitable and uninterrupted providing of the range of services offered. Social welfare and health care professionals take the age, level of development and personal resources of their clients or patients into account and pay special attention to particularly vulnerable clients and patients such as children, older people and people with disabilities.

Social welfare and health care professionals keep their expertise up to date and have the opportunity to improve themselves at work and to develop their job and related practices. This requires that workplace com-

munities and management in the social welfare and health care sector ensure their employees support, induction, security and training opportunities.

Ethical competence is an inseparable part of professional skills in this sector. Social welfare and health care professionals take pride in their job and their expertise in a good way. Their professional skills are valued not only in the social welfare and health care sector but also by society at large.

(5) Good treatment and services require responsible decisions and operating practices

Ethical considerations pervade all levels of decision-making in the social welfare and health care sector. Particular attention should be paid to conflicts between ethics and economy. Resources allocated to operations should be realistic and reasonable in view of the requirements for those operations. Legislation enacted and ethical values and principles observed in other areas of society must support the efforts of the social welfare and health care sector to achieve better health and wellbeing for citizens.

Good operating practices in social services and health care require that employers' decisions and policies are consistent with the ethical principles of the professionals in the sector. Sensible choices, resourcing and division of duties in workplace communities in the social welfare and health care sector guarantee the best possible outcomes for clients and patients. A good workplace atmosphere encourages employees and embraces diversity. Wellbeing at work, in turn, improves the effectiveness of the work of professionals.

ETHICS IN THE SOCIAL AND HEALTH CARE FIELD – WHY DO WE NEED A DEBATE ON ETHICS?

An ethical debate arose in health care some decades ago, principally because of rapid advances in medicine and IT, and because of an emerging approach focusing on patients' rights. Suddenly there were completely new means for influencing the birth, life and death of human beings and for producing, storing and leveraging information on human health. It was no longer clear how a patient's best interests might be served, how the human genome could or should not be altered, or how and by what means life could be prolonged. Scientific developments never stop, and new ethical issues are constantly arising as new treatment options become available.

Alongside ethical issues concerning physical health there are now issues with life management, the delimitation of a person's own responsibility and that of his/her family members and intimates, involuntary measures, human and sufficient treatment, and hearing (or rather, listening to) clients and patients.

Social welfare professionals and health care professionals often meet the same person but see his/her life from somewhat different perspectives. Their aim, however, is the same: providing good treatment, care and service, and considering what is right and fair. This is why it is necessary to discuss ethics without differentiating between these two sides of the sector.

Social welfare and health care differ from one another in terms of the range of services offered, how those services are provided and current operating practices. Health care naturally focuses on health, and social services are concerned with wellbeing and life management. Users of services are generally referred to as patients in health care and as clients in social services. The term patient reflects the traditional professional responsibility of health care personnel in safeguarding the best interests of the users of the services, without compromising the patient's right of self-determination. The term client, on the other hand, emphasises that the user and the professional are on an equal footing and that the client has the power to decide. Nevertheless, in both cases involuntary measu-

res may be employed in extreme situations if the best interests of the patient or client so require.

Conflict of goals in helping clients and patients

The ethical cardinal rule for social welfare and health care professionals is to respect the basic rights of clients and patients, to acknowledge their right of self-determination and right to make choices, and to treat them equally and fairly.

The moral code that governs human behaviour stems from multiple sources, including cultural heritage and social environment. There are also more formal standards alongside that largely unwritten moral code. One cornerstone for ethical choices may be found in basic rights as defined in the Council of Europe Convention for the Protection of Human Rights and Fundamental Freedoms and in the Finnish Constitution. Basic rights are in turn based on the Western conception of human rights, incorporated at the international level in the United Nations Universal Declaration of Human Rights. This has subsequently been augmented with the Declaration of the Rights of the Child and the Declaration of the Rights of Persons with Disabilities.

Basic rights include the right to life, liberty and security of person; the right of privacy; the freedom of speech and publicity; cultural rights; the right to language and culture; the right to work and free choice of employment; the right to social protection; and the protection of law. The Finnish Constitution guarantees everyone the right to basic subsistence in the event of unemployment, illness and disability and during old age as well as at the birth of a child or the loss of a provider. The public authorities must guarantee for everyone adequate social, medical and health services and promote the health of the population.

In casual conversation, an 'ethical problem' usually involves a case where the basic rights of an individual have clearly been violated. If the case

Often a good thing must be given up to achieve another good thing.

in question involves a clear breach of regulations or standards, it is ethically unproblematic: that simply should not have happened. Where ethical problems do arise is in cases where several good things should be done

all at once but this is not possible, for whatever reason. In such cases, the relative importance of the outcomes sought and their harmonisation must be contemplated. Often a good thing must be given up to achieve another good thing. It may sometimes seem questionable whether a patient or client is capable of understanding his/her own best interests, but on the other hand his/her right of self-determination is indisputable. Indeed, the patient's or client's right of self-determination may clash with the principles of good treatment and services.

A completely different kind of ethical problem arises when new treatments and technologies become available and we are not able to evaluate them in terms of whether they are ethically acceptable or problematic in and of themselves or in relation to other, already available options. Such problems are called problems of significance. Examples include modern brain imaging or gene therapy on gametes.

Reconciling the conflicting wills of various interested parties may require any number of strategies. In cases of taking children into care, the parties involved often present contradictory claims. Interpreting the will of a person who is in pain and wants to die may cause considerable anxiety to family members and medical personnel. Addressing the underlying problems of a violent client in a fair and equal way may prove to be ethically very challenging. All of the above illustrate how difficult it can be to do good in cases where a lack of resources is not the fundamental cause of the problem.

Ethics is about finding answers to the question: what is right? Experiential research describes and explains how and why things are the way they are, but it does not tell us how things should be. There is a complex con-

An ethical discussion often leads to investigate the ultimate issues and underlying values and aims: what do we really want?

nection between research findings and will-formation. Decision-making, like all conscious actions, involves the will, which is a component of the chain of reasoning founded not only on information and experience but also on ethical judgment. Indeed, an ethical discussion often leads to the ultimate issues underlying values and aims: what do we really want? Practical decision-making is also affected by human emotions.

It may be proposed in an ethical discussion that a person with disabilities has the basic right to employment, working to the best of his/her abilities. The reasoning behind this is that work increases income and improves a person's value and self-confidence. Measures undertaken to provide employment to persons with disabilities are considered ethically right.

However, the reality in working life is that it is difficult to find employment for persons with disabilities, because employers are suspicious about hiring them and workplace communities tend not to accept partially able employees. This rejection leads to the notion that the right thing to do is to provide them with income security instead of a job. The end result is thus a quite different action.

Improving the social security of a person with disabilities may create an incentive trap: a high level of social security may mean that it is financially disadvantageous for the person to accept a job even if he/she were willing and able and had a need to work.

Ethics is usually an uncomplicated subject in formal speeches, but in everyday life ethical deliberations are typically uncertain, controversial and problem-oriented. There are often several less than satisfactory alternatives, and any discussion of them tends to be coloured by strong emotions and a fear of making a choice that may not be legal, ethically right or in the best interests of the patient or client. However, conflicts of values should not be feared. They should be treated like any other problems: identify causes, explore consequences and weight the benefits, disadvantages, threats, opportunities, alternatives and financial and human costs.

A conflict of values is like any other problem. Try to identify causes, explore consequences and weight the benefits, disadvantages, threats, opportunities, alternatives and financial and human costs.

An ethical discussion may feel frustrating and pointless if the participants' views on the right approach and best practices are fundamentally different. But ambiguities or disagreements on goals cannot be eliminated by ignoring them. Dialogue is the only way to find a consensus of policy. Once agreement is reached on what is right and desirable, ethically acceptable means and alternatives for achieving the desired result must be found. Such a dialogue cannot be based on facts alone, since ethical judgments are always also based on values. Because of this, they may be perceived as subjective matters on which everyone is entitled to their own opinion. This, however, is not the case: ethical choices must be consistent and based on fundamental values.

Ethical problems are encountered on a daily basis in the provision of services in the social welfare and health care sector and in treatment and care work. Employees, supervisors and political decision-makers must resolve these ethical problems in one way or another. In keeping with the spirit of good care and services, diligent management and democratic decision-making, these decisions must be justified instead of just declaring them. Trust and fairness depend on an ethical and consistent approach.

The purpose of the recommendations listed at the beginning of this document is to function as pointers to help professionals in the social welfare and health care sector evaluate the ethical implications of their actions. They are applicable to the actions of individuals, workplace communities and management and to the allocation of resources. The purpose of this document is to stimulate ethical discussions and deliberations and, ideally, to make these a permanent part of local operating practices.

Ethical problems are encountered on a daily basis. The purpose of this document is to stimulate ethical discussions and deliberations and, ideally, to make these a permanent part of local operating practices.

Principles and reality

Ethical deliberations go back a long way. Human beings have always been interested in the question of what is right. Different answers have been proposed over the centuries. A famous example in the history of medicine is the Hippocratic Oath, which specifies care for one's fellow human beings with respect for humanity and life. The ultimate goal is to maintain and promote health, to prevent illness and to cure the sick and alleviate their suffering. The oath also includes an obligation of confidentiality and a requirement of the primacy of the patient's best interests. The oath was created in the golden age of Ancient Greek philosophy, which remains a fruitful source of points for ethical discussion. Other professions such as social workers have subsequently adopted professional oaths and ethical codes of conduct.

Aristotle is today regarded as the classic thinker in moral ethics; his basic tenet was that individuals must develop their virtues, not just do isolated good things. Aristotle associated virtues with the actions of human

beings in a social community. Human virtues included the use of reason and the control of emotion for the benefit of the balanced life of society. He identified generosity and fairness as key personality traits and advocated the development of thinking to increase the body of theoretical and practical wisdom. A virtuous person seeks to achieve a community where everyone can lead a happy life. Aristotelian ethics has been revived several times, most recently in the past decades with the emergence of happiness in the context of wellbeing.

Happiness was also a key concept in the utilitarian movement originating in the 18th century, albeit with a different meaning. Utilitarians defined the term utility in an unconventional way. J.S. Mill explained 'utility' as the 'principle of maximum happiness': the moral worth of an action is determined by its outcome, so a morally acceptable action should generate the greatest possible happiness for the greatest number of people. In other words, actions were weighed by their consequences. However, not any and all pleasure produced by actions qualified as happiness. Mill emphasised the importance of spiritual aspirations in defining happiness, illustrating this with his famous maxim: it is better to be Socrates dissatisfied than a pig satisfied. The goal of 'the greatest possible happiness for the greatest number of people' sounds democratic and very progressive for its time, but its downside is that it incorporates the risk of ignoring the inevitable minority and leaving them unprotected. Back then, the majority of society lived in poverty, so this risk did not seem as important as it does today, when the portion of the population threatened by social exclusion is the minority.

The focus on community and emphasis on happiness leave considerable scope for interpretation in weighing how good any particular action is. Immanuel Kant's

An action is morally acceptable if it is universally acceptable.

deontological ethics, or ethics of responsibility, involves establishing criteria that determine the justification of individual actions. Once such a criterion has been fulfilled, it must be observed, and its consequences do not justify abandoning it. Kant's approach is that human beings should be considered as ends, not as means. An action is morally acceptable if it is universally acceptable. In other words, one cannot accept in oneself or in one's intimates any actions that one would not accept in a complete stranger.

To simplify, Aristotle was an educator who focused on the growth and development of the individual as an agent of change. Applied to the social welfare and health care sector,

the Aristotelian approach emphasises not only narrow professional competence but the need for a broader understanding of the life situation of the patients or clients and for supporting them comprehensively in managing that life situation. Mill's view was that of a social politician, focusing on the impacts of actions on the community. Economists have recently taken a new interest in happiness, demonstrating that utilitarianism identified something very essential in describing how the feeling of a good life is created by the consequences of actions. In social services and health care, what counts is not the actions but the outcomes: health and wellbeing. Kant, on the other hand, took the perspective of a judge: how to construct a norm that leads to fairness. His requirement of acceptable actions being universally applicable continues to inform our approach to the fair treatment of clients and patients. We still need norms. As functions become increasingly specialised, we need ground rules for managing the system as a whole. Treatment programmes are good examples of such ground rules.

Studying the history of ethics helps us understand why it is difficult to define what is right and what is good. In our daily lives, we frequently find ourselves asking whether norms must be unconditionally followed, as Kant dictated, without regard for consequences, or whether we should look at the consequences and bend the rules if the consequences of a particular action seem acceptable. Do ends justify means? Can we break the rules if that means achieving the right outcome?

In recent decades, the question of fairness has often been considered from the perspective of the distribution of resources. A significant contribution to this debate comes from John Rawls, one of the most distinguished philosophers of the 20th century. His concept of 'justice as fairness' recalls Kant's deontological ethics in that he discusses a 'social contract' as did Kant. Rawls assumes that if we were not aware of our future position in society but could see all possible outcomes, we would consider that improving the status of the disadvantaged is the right thing to do. He goes on to conclude that inequality is only acceptable when it bene-

fits the disadvantaged. In reading Rawls, we should remember that he gives absolute priority to the liberties of the individual: these may not be compromised under any circumstances, and any such compromise may not be used as an argument for achieving better equality.

Rawls emphasises that people have a need to receive security and help when risks in their lives are realised. He also acknowledges the need to increase resources and the human dynamics which this entails: inequality must be allowed because it is an economic incentive. However, inequality is only acceptable insofar as the extra outcomes it generates can be used to improve the status of the more vulnerable members of society. This reasoning dovetails neatly with the discussion on public health and occupational health care.

> *It is said that clients of occupational health care clinics are privileged compared to clients of municipal health centres. Without addressing the different histories, purposes and funding of the two systems, we may ask whether this inequality helps less advantaged citizens or not. The answer is far from obvious. Good occupational health care may prevent illnesses and reduce absences from work due to illness, thereby strengthening the funding base for social security and thus ultimately working to the benefit of the disadvantaged. But does this justify neglecting the prevention and treatment of illnesses for those outside the workforce? Of course not; resources must be allocated so as to guarantee everyone medically necessary care. But what if the same illness that prevents an employed person from going to work causes no significant disadvantage to a pensioner? Do different consequences of the same illness justify different levels of access to treatment?*

The distribution of resources is closely connected to fairness, but how strong is this connection, and how far do we need to go to ensure equitable treatment? Amartya Sen is a living philosopher who has pointed out that differences in the needs and circumstances of people require each case to be judged on its merits. Society creates the framework, but choice must be left to individuals, according to Sen. Therefore he names as the principal criterion for fairness is that it strengthens the capabilities of individuals so that they can cope with demands placed on them and can attain the reasonable goals they set for themselves. In order to make informed choices, an individual needs sufficient information on the alternatives available and a reasonable opportunity to exercise his/her aims without being guided to the 'right' decision from above. This means that choices must not be forced into a specific model of social equality. The capability approach focuses on the contribution of the individual to his/her own wellbeing. It is quite closely related to what we call life manage-

ment, although with even more freedom left to the individual. However, true freedom can only be guaranteed by the opportunities offered by society and their equitable distribution.

Sen's approach should not be directly equated with the market economy. The point of focusing on the capabilities of the individual is to create genuine freedom not governed by the market or by the authorities. The

The point of focusing on the capabilities of the individual is to create genuine freedom not governed by the market or by the authorities.

actions of society are here understood as offerings contributing to how citizens exercise their capabilities. The ultimate outcome is the sum of the choices of informed individuals. In the social welfare and health care sector, dominated by a variety of highly educated professions, this approach is viewed with cautious acceptance. The accepted models in use today are the result of deliberations by several working groups and are coloured by whatever were the political trends of the day at the time. The situation is somewhat contradictory: the social welfare and health care sector says that its purpose is to help people, yet it does not quite trust people to judge for themselves what would be good for them. Perhaps it would be a good idea to ask how we could better equip people to exercise their own capabilities.

Reinforcing capabilities is a good approach in situations where people have sufficient information and capacity to cope with the responsibility. Ethically tricky situations arise when a professional has to assume the responsibility for a decision that is ultimately one for the client or patient to make. Any restriction of the right of self-determination must be in the

Any restriction of the right of self-determination must be in the best interests of the client or patient.

Ultimately, a person's right to self-determination must be respected even if his/her consciousness and ability to take responsibility are diminished.

best interests of the client or patient. Contradictory claims that are difficult or impossible to verify make decisions hard on all parties concerned. This is true not just in cases involving children, or people with mental health problems of with cognitive problems. A particularly difficult situation is one where a pregnant mother's lifestyle seriously endangers her unborn child. Approaches to restricting the right to self-determination of

a client or patient vary regionally and from one unit to another, reflecting the difficulties in interpreting and managing such situations. Ultimately, a person's right to self-determination must be respected even if his/her consciousness and ability to take responsibility are diminished.

> *As an illustration of how difficult it is to establish the boundaries of the right of self-determination we may take the case of a young man with mild intellectual disabilities and schizophrenia. At times he used alcohol to excess, and his friends had taken advantage of his credulity. He could not adapt to the zero-tolerance approach to alcohol use imposed at the housing unit. He was in danger of becoming a homeless alcoholic. In this case, the patient's alcohol use and all its indirect consequences were considered to constitute a health risk, and on this basis he was committed to involuntary treatment. His schizophrenia medication was boosted, and he was provided with a daily programme of meaningful activities. Eventually he began to commit to the rehabilitation process in the long-term rehabilitation group at the support centre. His geographical distance from where he used to live helped him break off from his asocial acquaintances, and he acquired a new social network in his new environment. His involuntary treatment was later discontinued. The young man continues to drink from time to time, but this is not a major problem.*

Because life situations are complicated, sweeping policy decisions cannot answer all practical questions. Indeed, policy decisions often only provide general and abstract objectives. Objectives and reality rarely meet, and studying what is good seems to be an inadequate way of bringing them closer together. Social inequality is a lasting testimony to this.

> *Contrary to stated objectives, health disparities are increasing and people with lower incomes tend to die younger. Is it ethically acceptable to do nothing but complain? Should we be trying to find ways to narrow these disparities? The latter seems more right. It means having to deal with the empirical world and to contemplate actual ways of addressing the situation. Let's assume for the sake of the argument that the narrowing of health and income disparities would require a radical intervention in lifestyles and in the distribution of health care resources. The first of these raises the question of interfering with individual choices, while the latter is likely to prompt a backlash from the high-income part of society. Each and every citizen would have an opinion on the matter, deriving from his/her lifestyle or source of income. The original ethical issue would be lost in a maelstrom of political and financial uproar.*

Simply declaring a discussion an ethical debate will not stop it from degenerating into an argument about filthy lucre, focusing on self-serving interests rather than the common

> *Aiming at being ethically consistent provides an anchor point that may, over time, help to shift public opinion.*

good. Nevertheless, aiming at being ethically consistent provides an anchor point that may, over time, help shift public opinion. Returning to the

unfairness that is the core of the problem may serve to enhance the coherence of the discussion. New, more specific questions may be posed to help in understanding factors underlying the problem on the one hand and side effects of the measures employed to combat it on the other. The purpose of entering into more detail in the discussion is not to obfuscate the problem but to maintain consistency and to demonstrate that eradicating the problem is only possible by changing practices and that the aim is to effect this change so as to avoid adverse impacts.

An ethics discussion can also address shortcomings that in actual fact do not prevent people from being happy and having a good life. This may be described as 'over-ethical'. People can live a virtuous and full life as members of their respective communities even if their living conditions leave something to be desired and their health is not as good as it could be. Here, too, ethics should be tempered with experiential information, decision-making and practical circumstances and not remain confined to philosophical musing.

Ethics is about building society

Ethical philosophies go back a very long way, but interpretations of ethics have always been influenced by the current social situation and dominant ideologies. Western culture typically emphasises the freedom and achievements of the individual, whereas in Confucian philosophy, for instance, community and the big picture are what count.

Community plays a significant role in the Nordic welfare society model too, but it is an assisting role; the importance of community never trumps the value of the individual. Nordic housing-based social security is the product of centuries of history where slavery was prohibited and personal freedom, in this sense at least, guaranteed.

Local authorities in Finland play an unusually important role in managing collective responsibilities. The ethos of collective responsibility acquires its practical meaning at the local level. This small scale stems from the historical notion of brotherhood as a source of safety. Over time, tensions have emerged between social equality at the national level and local autonomy.

In Nordic society, citizens typically rely on society to function as it should and on other citizens to respect the law and social norms. This enables a comprehensive system of

social security, which in turn helps maintain the notion of social equality. Research has found that this social capital actually promotes health and improves life management skills. Traditional models are changing, however, for a variety of reasons. The principal change agent is internationalisation, which together with the tools of the information society is shaping the value base of our society. The plethora of media channels and the absence of restraint in communications may confuse children and adolescents who are building their world view, while breeding insecurity and undermining trust among the elderly. Maintaining trust and reinforcing social capital requires a serious ethical discussion particularly regarding how to strengthen affectionate relationships that develop in early childhood and, on a related note, how to prevent the social exclusion of children and adolescents.

The fundamental rules of the economy are determined by the dynamics of the market economy. Competition based on supply and demand dictates the prices of commodities, capital and work input. The function of the welfare state is to equalise risks by providing income security and social welfare, health care and education services available to everyone. The market economy is built on a number of freedoms, particularly the freedom of employment. Social security adds equality as a goal alongside freedom.

The market economy has entered the social welfare and health care sector too. Local authorities now select service providers by competitive tendering in order to achieve a

The terms and conditions of competitive tendering in this sector must provide for the right of the clients and patients to safe and uninterrupted treatment and care relationships.

more affordable result. The services here involve people who are more vulnerable than most. Therefore the terms and conditions of competitive tendering in this sector must provide for the right of the clients and patients to safe and uninterrupted treatment and care relationships. Engaging in a round of competitive tendering every few years is not conducive to

creating home-like conditions or lasting intimate relationships with care providers.

Communication across national borders is a commonplace today, principally thanks to information and communication technologies. The movements of goods, services, capital and labour are now deregulated, and this is reflected in the social welfare and health care sector in many ways. International service provider chains have entered the Finnish market. Indeed, services may now be sought in another country, and this may give rise to tricky questions of interpretation: How should ethical guidelines be applied when the two countries involved apply different principles? The enactment of occupational health and safety standards in the European Union to promote the free movement of goods has dramatically changed national practices within the space of one decade. The welfare state within a nation-state must now learn to function in a new context.

Connections between things become increasingly complicated. Solutions in providing treatment and care services are often explained with obscure references to market forces, international and global competition and safeguarding national competitiveness. In ethical choices, living conditions should be considered both worldwide and nationally, and these views should be linked to the dynamics of the economy and the state of the environment.

The ongoing demographic shift and the capability of the public sector to cope with future challenges are repeatedly referred to when Finland's national situation is discussed, particularly with reference to the sufficiency and efficiency of social welfare and health care services. In this debate, we may appeal to our ethical responsibility for caring for future generations, but we may wonder whether underlying all this is the selfish aim to prevent the realisation of current pressures to raise taxes by scaling down public services instead.

> *Issues related to care of the elderly people surface with increasing frequency, and competitive tendering is adding a twist to this area too. It is in the interests of the care recipients to ensure continuity of treatment and to avoid unnecessary transfers of the residents with impaired functional capacity. However, existing services are not geared to this. Many service providers would instead like to see a standardising of services so that the costs of treatment could be better anticipated. Cost calculations become particularly tricky in competitive tendering. Contracts are awarded for periods of several years, during which the functional capacity of clients and the costs of*

their treatment and assistive devices may change substantially. The terms and conditions of competitive tendering should stipulate that the continuity of treatment and care is ensured and that the outsourcing party and the service provider agree on a reasonable sharing of risks.

Ethical views are also shaped by research findings concerning the situation on the ground and cause-and-effect relationships. The development of medicine and psychosocial support measures has dramatically changed public perceptions of the content of good medical care, especially with regard to mental health disorders. This is not just a question of treatment methods but the stigma attached to particular disorders that the old, conservative treatments tended to uphold.

Increasing specialisation is an inevitable consequence of increasing productivity and the addressing of scientific problems. Consequently, ethical issues arise when a situation needs to be evaluated that is more than the sum of its parts.

Ethical issues arise when a situation needs to be evaluated that is more than the sum of its parts.

The purpose of treatment and care is to achieve the best possible result for the life management of the client or patient. This involves estimating risks and advantages, costs and benefits; it requires a knowledge of the values and goals of the client or patient and his/her entire life situation. We need not only qualified specialists but also generalists, and we need generalists to be appreciated.

Permanence of ethical principles among professionals

Tried and tested ethical principles should be stable pointers towards best practices, but at the same time they should be sensitive to changes in the environment. Reactions work both ways. On the one hand, the ethics debate must provide viewpoints of continuity and stability of values and submit suggestions and responses to current discussions, but on the other hand, it must also be possible to review and revise existing principles as society changes.

Emphasis on the best interests of patients and clients represents permanence in ethical guidelines. As the market economy grows ever stronger and financial constraints increase, this guide-

Emphasis on the best interests of patients and clients represents permanence in ethical guidelines.

line is more important than ever. The point is that professionals leverage their knowledge and skills for the benefit of the people they help. The helper and the helped are not equal in terms of their information. Their interaction is not comparable to a seller-buyer relationship where the buyer can make independent informed decisions and choices. In social services and health care, the client's or patient's right of self-determination depends on the professionals' evaluation of what is in the best interests of the person being helped. Professionals must not abuse their position in order to promote specific services or products or to avoid taking action which is necessary for ensuring good care and treatment.

Legislation embodies much of what, at any given time, is considered right. Judging by the annual number of amendments to legislation, one might conclude that the concept of 'right' is highly volatile. However, many of these amendments only further specify or re-apply existing principles and do not offer new perspectives on ethics.

Legislation generally serves as a baseline for ethical debate, a sort of minimum standard on which improvement is sought. Simply following the letter of the law is not always sufficient for attaining ethically sustainable solutions; sometimes being creative and proactive in interpreting the law may be ethically acceptable. Ethical principles are more permanent signposts for our daily actions than administrative and technical legislation.

Professional ethical codes of conduct are emphatically about the interaction of two people, while legislation and administration are designed for governing large numbers of people.

Professional ethical codes of conduct are emphatically about the interaction of two people.

Conflicts may arise if attempts are made to impose general, one-size-fits-all norms to the highly variable management of a patient or client relationship. For instance, the aim in the processing and transfer of client or patient data is to enter the data in such a form that all the relevant information can be transferred to any other professional. When entering such data, the professional responsible for care, service and upkeep has to consider the question of continuity from two perspectives: general-purpose text that may be read by an unspecified general reader, and text pertaining to the care relationship between the professional and his/her client or patient and conducive to ensuring continuity of care. What ma-

kes this ethically problematic is that the requirement of universality ties up more working time in the entering and processing of the data; while this adds to patient safety and clients' legal protection, it is time taken away from face time with the client or patient.

Individuality and communality as cornerstones of ethical actions

Ultimately, we may ask whether a good ethical outcome may be attained through individual choice or through community control. Can a community be ethically superior to the individuals who live in it, and therefore a provider of ethical education? If the ethical climate of a community is poor, how can the individuals living in it raise the ethical standards of their community? Many religions and philosophies highlight the responsibility of the individual: change begins with the self, and responsibility rests with the individual. The social policy model works the other way around: society is required to provide its members with good living conditions and sufficient ethical norms.

A balance is constantly being sought between these opposing approaches, as witness for instance the debate on whether people are fully responsible for their own health or whether society has the right to intervene in lifestyle choices. In structural choices, this balancing act is apparent in any debate on public spending.

During the Second World War and the decades immediately after it, society acquired increased responsibility for the wellbeing of its citizens. Social equality was given priority. The practical outcome of this policy was a comprehensive social security system. Over the past two decades, a requirement of efficiency has entered the debate, strengthening the shift towards a market economy while reinforcing freedom of choice and transferring responsibility for those choices to the individual himself/herself. Every expansion of social security is accompanied by a debate on abuses of the system that become possible. Changes of the kind described here may focus decision-making with increasing gravity on individual physicians, nurses or social workers, thereby increasing the responsibility of the professionals themselves in making decisions.

Despite changes in social values, care and treatment relationships should continue to be based on mutual respect and on the kind of interaction

that is conducive to good care, treatment and services in the best possible way. Encounters should happen in an atmosphere that encourages the person being helped to describe his/her problems and makes it easier for him/her to understand the information given to him/her. Clients or patients who have become accustomed to a paternalist care and treatment relationship must be encouraged towards more open interaction as necessary.

Ethical codes of conduct underline the ethical responsibility of professionals. A working relationship based on trust requires sensitivity and acceptance of diversity on part of the

A working relationship based on trust requires sensitivity and acceptance of diversity on part of the professional.

professional, and also strength to listen to multiple speakers in conflict situations and to use the elements gained to chart a path forward. Mutual respect dictates that the person being helped must also buy into the same ethos. The person being helped must describe his/her situation transparently and honestly to the social welfare or health care professional. Moral judgments on the behaviour of clients or patients should not be voiced in public debate; instead, the focus should be on the fact that the abuse of the aforementioned trust tends to undermine the quality of interactions, treatments and services in general.

> *Employees may avoid difficulties in the workplace by taking sick leave, at which point a physician's assessment of their state of health is required. If this assessment is not what the employee wanted, the employee may get abusive. If an employee threatens to harm himself/herself in such a situation, who is responsible? How can one distinguish whether such a threat is a symptom of a mental disorder or a self-serving stratagem? Backing down when threatened is not a good way of promoting patient health, but on the other hand personnel safety is also a consideration. If the situation allows for a consultation and a second opinion from another physician, this may be enough to defuse the situation. In that case, however, the ultimate cause – the problem in the workplace – may remain unaddressed. A solution might be found by contacting occupational health care and through them possibly the workplace.*

The freedom and responsibility of the individual acquire new meanings as communication changes. Today, people can easily find information on their problems and ways of participating in a variety of treatments and services. On the other hand, there is a danger of social inequality here: how can we ensure sufficient availability of information to those who do not know how to use new ways of acquiring information? A related issue is the issue of the responsibility of the individual as a user of information;

after all, information can be used unethically too.

Highlighting the freedom of the individual does not exclude society taking an active role; on the contrary, it requires it. Society can provide the individual with means of taking action. Education, health care and social security can improve an individual's capability for exercising his/her freedom in a wise and useful way. Communication can be customised, taking into account personal differences in how people acquire and process information.

> *The right of choice may have to be considered not only from the perspective of the patient but also from that of his/her family members. A person with advanced MS is living at home, and caring for him is arduous. His wife is obviously exhausted, even though the patient has access to a higher than average level of municipal home care services. The physician feels that the patient's demands have become impossible to fulfil in practice. Proximity, continuity and the comfort of living at home favour continuing the present arrangement, while the health and quality of life of the spouse favour transferring the patient to a facility. One possible solution would be to provide care intervals during which the spouse can take a holiday and to lengthen these intervals gradually; then, the eventual adapting to a new environment would not be so sudden or compulsory. The opinions of the patient and the spouse must, however, always be taken into account.*

Ethical guidelines are just that – guidelines. Personal discretion must always be exercised when applying them. It is therefore necessary for care communities in general and the professionals working in them in particular to develop a habit of ethical thinking. The ethical grounds for any decision should always be discussed transparently with clients and patients. If, on closer consideration, actions or measures prove to be ethically shaky or unacceptable, we must be confident enough to correct them. Firmly entrenched routines in a workplace community may sometimes inhibit professional ethical development.

Ethical considerations must not lead to unreasonable requirements of uniformity, of placing form above function. Every one of us has inherited a different collection of personality traits that govern our reactions and how we do things. We must allow room for personality and humanity.

However, it is not acceptable to plead one's personality as a justification for taking unethical action.

Professional ethics is, again, a guideline that leaves much to discretion depending on the situation, which is as it should be. Professional ethics cannot be construed as a stiff directive with detailed instructions for every conceivable occasion. Its purpose is to help professionals understand the limitations and obligations imposed by their professional expertise and the power vested in it.

Ethics of management and the workplace community

Ethics in the social welfare and health care sector should not be considered just from the perspective of the service, care or treatment received by an individual patient or client. The use of resources also involves decision-making powers which are reflected in the practical implementation of care and assistance. A decision on the use of public funds effectively determines the content and extent of the actions which it addresses. Criteria related to the use of resources – particularly which costs are to be paid out of public funds and how – show what the practical priorities are. Training volume and content affect the scope and quality of work on the ground.

The requirement of ethical competence does not only apply to trained professionals in the social welfare and health care sector. Anyone involved in decision-making in social welfare and health care must be acquainted with the ethical foundations of the

There is a clear danger of allowing too much influence to the enhancement of economy and efficiency without investigating thoroughly enough what is actually possible.

sector. There is a clear danger of allowing too much influence to the enhancement of economy and efficiency without investigating thoroughly enough what is actually possible.

Indeed, the question of where to draw the ethical line between political decision-making and professional activities is a perennial one. In order to bear the ethical responsibility for decisions involving resources, a political decision-maker must perform comparisons regarding the current state of the health and wellbeing of the population, current resources, operating

models and outcomes achieved – internationally, nationally, regionally and locally. Similarly, the professional management must provide the decision-maker with this information and evaluate the impacts of other actions in society on health and wellbeing. Efficiency of the use of resources is principally the responsibility of the professional management, while the professionals on the ground are in charge of prioritisation of care and treatment.

Efficiency and economy, if implemented sensibly, are ethically sustainable. Inefficient use of resources is in no one's best interests. However, a single-minded focus on finances quickly leads to unethical practices that migrate from other sectors to the social welfare and health care sector in one form or another. Dubious financial practices may lead to a decline in the quality and safety of operations. The ethics of management should be monitored at all levels.

The management of a workplace community influences what the personnel can do with the resources available, how they enjoy their work and cope with their jobs, and how they respect each other's professional competence. Good management involves making fair decisions about limited resources. Being able to address the distribution of resources, operating practices and workplace behaviour is a management tool. Good management is also transparent in its use of power: hierarchical relationships should not be denied and decisions avoided, but decisions should also not be made simply 'because I can'. All decisions must be based on facts and ethical considerations.

There is a constant need for monitoring and evaluating the ethics of management; as the saying goes: "Power attracts the worst and corrupts the best." The ethics of management must be addressed from at least three perspectives:

 1) how enthusiastic and genuine management is about setting goals and committing to ethical objectives,
 2) what efforts management is undertaking to attain these, and
 3) whether there is open debate, consistency in operations and impartiality in assessment.

Management must have aims and create visions, engender enthusiasm and create an atmosphere conducive towards attaining the goals set. But

even this is not enough. Management must both talk the talk and walk the walk. Ethical standards cannot be maintained just by throwing out ideas and painting scenarios. Management must commit to attaining ethical objectives and have the courage and strength to assume responsibility for this. However, enthusiasm must not lead to favouritism, to the discouraging of discussion or the use of unethical means. Setting noble goals but neglecting to support their implementation or covering up the impacts of implementation by belittling or threatening those who voice justified doubts can easily spread unethical thinking throughout the workplace community.

> *Ethical standards cannot be maintained just by throwing out ideas and painting scenarios. Management must commit to attaining ethical objectives and have the courage and strength to assume responsibility for this.*

Particularly challenging management situations arise when the best interests of the individual have to be weighed against those of the community at large. A 16-year-old boy who has used drugs and committed several crimes has been placed at an institution where he cleans up, goes to school and does well. But on holiday he relapses into drug use and smuggles drugs into the institution. His family ties are tenuous and occasional. There are increasing disruptions at the institution, boys and girls alike expressing their dissatisfaction with the personnel so violently that the police has to be called in to calm things down. Personnel are of the opinion that the aforementioned boy is the instigator behind the troubles and proposes that his placement be terminated.

The social worker from child welfare services who is the boy's case worker agrees to this solution, understanding the situation at the institution. On the other hand, she also knows that any other alternative is even worse for the boy. A decision is made to place him in a shelter in his home town, although he himself objects to this. After being transferred there, he disappears; no one knows where he has gone. So an under-aged adolescent who is a drug user and who had been taken into care has now gone missing. Could the care community have done anything differently? Should personnel have requested an outside evaluation of the underlying causes for the disruptions? Did the community take the easiest way out too lightly? Would the boy have benefited more intensive treatment?

The general ethical guidelines discussed above may be applied to management as follows: The point of the ethics of consequences is that performances are not actual outcomes in the social welfare and health care sector. The overall goal is to improve the health and life management skills of the population, and this is what resource management should

> *The premise of maximum benefit does not refer to financial benefit alone; it is a requirement for producing all kinds of good things, human and health-related.*

be aiming at. The basic premise in the ethics of consequences, i.e. maximum benefit, does not refer to financial benefit alone; it is a requirement for producing all kinds of good things, human and health-related. Deontological ethics, the ethics of responsibility, must be firmly introduced in day-to-day operations. The ethical principles of good care and service must not be overlooked in the name of financial performance. In deciding on the allocation of resources, the benchmark must be how it affects the most disadvantaged citizens in society; health and wellbeing differentials must be narrowed. People must be given better opportunities for making sensible choices suitable for their life situation. In a workplace community, this involves ensuring that all employees feel that they are treated with dignity and that their work allows them to develop their professional competence and improve their own jobs.

Translating ethical thinking into practice

We, all of us, are responsible for ethical thinking and operations development. We, all of us, are potential clients of social services or patients of health care; some of us process and distribute information on the state of the social welfare and health care sector, some decide on the allocation of resources, some are professionals in the sector. All of these duties require awareness of ethical responsibility and promotion of its development.

The ethical standards of society and our attitudes to other people, common responsibilities, accepting personal responsibility, doing good and doing no harm are the result of a long process of development. There is no quick fix or short cut leading to a higher ethical state of being. The opposite, however, is very easy to achieve. Maintaining a positive ethical trend requires efforts on many fronts and in many ways.

Those interested can follow the ethical debate in the sector themselves. There is plenty of material available on basic ethics, and also a fair amount of literature on the ethics of

Studying ethical principles forms part of improving yourself as a professional, as a decision-maker and as a human being.

social welfare and health care. ETENE, for its part, aims to provide material for discussion. Studying ethical principles forms part of improving yourself as a professional, as a decision-maker and as a human being. There are also ethical guidelines available for decision-makers.

There appears to be a shortage of research and literature exploring ethical options and their consequences at various stages in the decision-making chain. What looks like a clear-cut decision in isolation may prove troublesome when it forms part of that chain. Those involved in practical day-to-day work should focus on how to resolve everyday problems. Professional ethical codes of conduct usually assume that clients and patients always behave ethically impeccably too. This is clearly not always the case, and this should be taken appropriately into account.

The ethical atmosphere that governs behaviour has many sources. Maintaining and promoting a high ethical standard requires efforts on many fronts and in many ways. The following brief description of actors and practices serves to demonstrate just how divided responsibilities in this area can be. On the other hand, this means that there are numerous change agents available if a critical mass is accumulated behind a particular issue being pursued. The first requirement is that dialogue among those who want change must be enhanced. ETENE may, for its part, be able to contribute to facilitating this dialogue.

- Education and upbringing

The education of children and adolescents includes ethical education, whether consciously or unconsciously. New media channels represent both an opportunity and a threat to children's growth and development. The role of the home in guiding children is increasingly important, and the upbringing given a child at home is reflected in the atmosphere at daycare centres and schools and in how safe children feel themselves. Consequently, it also informs the ethical precepts of clients, patients and professionals later in life.

Ethical education must be addressed sufficiently seriously from an early age, beginning with early childhood education. The goals set must include inducing interest in ethical issues and understanding ethical choices and their importance. This will allow us to expect ethical considerations to form the part of the self-improvement of an increasing number of people.

- Vocational education

Applying ethics in practice requires ethical issues to be addressed in basic and advanced vocational training. Including ethical thinking in the training may serve to reduce the mental stress of work and lower the risk of burnout and cynicism.

Teachers and instructors convey their ethical attitudes to their students throughout their studies. Separate ethics classes serve no purpose if all the other teaching conveys conflicting values and motivations. Educational institutions must jointly consider what the ethical messages are that they are sending to their students.

- Job training

Professional ethical codes of conduct serve as guidelines but are not in themselves sufficient to help with emerging unexpected situations. Workplace communities must consciously organise ethics instruction as part of induction and job training. It is easier to understand the ethical nature of choices and decisions that professionals have to make in their day-to-day work by observing more experienced colleagues. This is particularly true regarding the application of professional ethics. It is easier to cope with and manage difficult and disturbing situations when one sees others in similar situations and sees how they cope.

- Ethics of the workplace community

An employee is a part of his/her workplace community and generally seeks to act in a way acceptable to the community. Every workplace community in the social welfare and health care sector must therefore monitor and appraise its ethos and how clients, patients and colleagues are treated there. Employers and supervisors must be sensitive to subtle messages concerning the ethical state and mood of the workplace community. Management must be based on declared ethical principles, the practical content of which is developed methodically on a case-by-case basis as problem situations emerge.

- Image created by the media

Public debate on the current state of social services and health care is necessary and recommended. Criticism should be voiced when there is cause for it. In many cases, decision-makers only become aware of ethical problems when they are publicised in the media. On the other hand, care should be taken not to propagate popular but erroneous conceptions of the state of these services in the media. Hyping up a dramatic but isolated case involving an erroneous action and decision may prompt unnecessary concern and fear.

- Interpretation of legislation and recommendations

Finnish administrative practice involves an assumption of trust that legislation and recommendations are taken seriously and that their content is complied with in practice. This is true of the ethical basic message of legislation too. However, if the legislation is formulated in a way that makes it difficult or impossible to implement it in day-to-day work, this trust may be undermined. Reforms should be carried out at a pace consistent with allowing time to become acquainted with them and to train personnel, and so that the skills and resources required for this process are available. The process also allows for the consideration of the ethical principles underlying the reform – whether binding legislation or recommendations.

- Continuous evaluation and monitoring

Evaluation and monitoring may consist of close scrutiny of details or a more general monitoring of feasibility. The latter is by far the more fruitful, but it is also ethically much more demanding. Sufficient resources must be allocated to exploring ethical issues. Shortcomings and problems often stem from the ethical atmosphere of a particular workplace community, colouring everyone's attitudes to their work, colleagues, patients and clients.

Evaluation and monitoring must also observe what the general ethical standard of operations is. Evaluation should thus be a tool for improving the operations of a workplace community while contributing to the development of professional ethical codes of conduct.

CONCLUSION - IT IS ALWAYS ABOUT PEOPLE

The ethical recommendations given at the beginning outline a framework suitable as ethical guidelines common to social services and health care. They reflect how both areas should co-operate in implementing and organising good treatment and services for patients and clients. Ethical guidelines may be employed to achieve ethically sustainable outcomes. They point the way but leave many practical choices up to management, the workplace community and individual employees. Therefore, evaluation of the ethical standard of operations should form part of the systematic operations evaluation of the workplace community.

Exploring ethical issues is not just for the professionals. The views of patients and clients must be respected too. Ways must be found to find a consensus on what is right and fair. Good care and good services rely on reciprocity and respect for the other person's views. Ethical principles state that both parties in an exchange have rights and responsibilities.

Good care and good services rely on reciprocity and respect for the other person's views.

Development of the social welfare and health care sector must be based on ethically sustainable decisions that are realistic in terms of the actual operating environment and the resources available. Ethics must not be too demanding. Applying ethical guidelines must not lead to professional isolation or to inflexible organisational structures that prevent co-operation. Ethical forums should be created for decision-makers at various levels for the purpose of discussing the ethical basis of decisions, with participants dissociated from their titles and positions.

What is particularly important in ethical evaluation is to safeguard the best interests of children, adolescents and other vulnerable members of society. As a general rule for considering what are good things, we may note that we can only allow ourselves actions that we would accept from anyone else and that we must treat our clients, patients, colleagues and other fellow human beings in the same way that we accept our family members and intimates being treated.

Ultimately, we must remember that it is always about people.

Statements, textbooks and ethical guidelines published in recent years

Publications on ethics by professional organisations, the Finnish Medical Association, the Finnish Nurses Association, the Finnish Union of Practical Nurses (Super), the Talentia Union of Professional Social Workers and Tehy.

ETENE 2001,
Terveydenhuollon yhteinen arvopohja, yhteiset tavoitteet ja periaatteet
ETENE-julkaisuja 1

ETENE 2009,
Mielenterveysetiikka – sinulla ja minulla on moraalinen vastuu
ETENE-julkaisuja 25

ETENE 2010,
Teknologia ja etiikka sosiaali- ja terveysalan hoidossa ja hoivassa
ETENE-julkaisuja 30

Kananoja, A., Lähteinen, M., Marjamäki P., 2010,
Sosiaalityön käsikirja. Tietosanoma. Tallinna.

Louhiala, P., Launis, V., 2009,
Parantamisen ja hoitamisen etiikka. Edita. Helsinki.

Oksanen, M., Launis V., Sajama, S., (toim.), 2010,
Etiikan lukemisto. Gaudeamus. Helsinki.

Pehkonen, A.,Väänänen-Fomin, M., 2011,
Sosiaalityön arvot ja etiikka. PS-kustannus. Juva.

Sen, A., 2010,
The Idea of Justice. Penguin Books.

Council of Europe Convention for the Protection of Human Rights and Fundamental Freedoms. Council of Europe. http://www.formin.finland.fi/public

The Hippocratic Oath
http://www.laakariliitto.fi/etiikka/hippokrates.html

The Social Worker's Oath
http://www.talentia.fi/tyoelama/ammattietiikka/vala

ETENE publications 2008-2011

19 Terveyden edistämisen eettiset haasteet (2008)
ISBN 978-952-00-2570-0 (nid.), ISBN 978-952-00-2571-7 (PDF), ISSN 1458-6193

20 Vanhuus ja hoidon etiikka (2008)
ISBN 978-952-00-2572-4 (nid.), ISBN 978-952-00-2573-1 (PDF), ISSN 1458-6193

21 Vårdetik på ålderns höst (2008)
ISBN 978-952-00-2667-7 (inh.), ISBN 978-952-00-2668-4 (PDF), ISSN 1458-6193

22 Old age and ethics of care (2008)
ISBN 978-952-00-2669-1 (pb), ISBN 978-952-00-2670-7 (PDF), ISSN 1458-6193

23 Miten käy maan hiljaisten (2008) (online)
ISBN 978-952-00-2728-5 (PDF), ISSN 1797-9889

24 Terveydenhuollon työvoiman liikkuvuus, vaihtuvuus ja eettinen vastuu (2008)
ISBN 978-952-00-2738-4 (PDF), ISSN 1797-9889

25 Mielenterveysetiikka - sinulla ja minulla on moraalinen vastuu (2009)
ISBN 978-952-00-2903-6 (nid.), ISBN 978-952-00-2904-3 (PDF)
ISSN 1797-9889

26 Mental hälsa och etik. Du och jag har ett moraliskt ansvar (2010)
ISBN 978-952-00-3016-2 (nid.), ISBN 978-952-00-3017-9 (PDF)

27 Mental health ethics. You and I have a moral responsibility (2010)
ISBN 978-952-00-3018-6 (nid.), ISBN 978-952-00-3019-3 (PDF)

28 Lähimmäisvastuu Suomessa, ketä kiinnostaa? (2010) (online)
ISBN 978-952-00-3060-5 (PDF),

29 Mielenterveys lasten ja nuorten elämässä (2010) (online)
ISBN 978-952-00-3076-6 (PDF)

30 Teknologia ja etiikka sosiaali- ja terveysalan hoidossa ja hoivassa (2010)
ISBN 978-952-00-3080-3 (nid.), ISBN 978-952-00-3081-0 (PDF)

31 Yhdenvertaisuus sosiaali- ja terveydenhuollossa. Valtakunnallinen sosiaali- ja terveys-
alan eettinen neuvottelukunta 2006 -2010 (2011) (online),
ISBN 978-952-00-3169-5 (PDF)

32 Sosiaali- ja terveysalan eettinen perusta (2011)
ISBN 978-952-00-3194-7 (nid.), 978-952-00-3195-4 (PDF)

33 Den etiska grunden för social- och hälsovården
ISBN 978-952-00-3196-1 (inh.), ISBN 978-952-00-3197-8 (PDF)

34 Ethical grounds for the social and health care field
ISBN 978-952-00-3198-5 (PDF), ISSN 1797-9889