When the field of professional ethics emerged in the 1970s, a common feature included the application of ethical theories—rooted in moral philosophy—to the real-life ethical challenges encountered by practitioners. The earliest architects of conceptual frameworks in the professional ethics field recognized the need for rigorous exploration of the complex connections between theoretical frameworks in moral philosophy and ethical dilemmas in professions such as medicine, social work, psychology, nursing, engineering, journalism, law enforcement, business, the military, and the law, among others (Callahan & Bok, 1980; Reamer, 1993, 2019). These include theories and principles of what moral philosophers call metaethics, normative ethics, and practical (often called applied) ethics (Beauchamp & Childress, 2013).

Metaethics concerns the meaning of ethical terms or language and the formulation of ethical principles and guidelines. Typical metaethical questions include the meaning of the morally relevant terms right and wrong and good and bad. What criteria should we use to judge whether someone has engaged in unethical conduct? How should we go about formulating ethical principles to guide individuals who struggle with moral choices?

Normative ethics is more practical; it attempts to apply ethics theories and concepts to actual moral problems and dilemmas. Practical (or applied) ethics is the attempt to apply ethical norms and theories to specific problems and contexts such as professions, organizations, and public policy.

With respect to metaethics, some philosophers, known as cognitivists, believe it is possible to identify objective criteria for determining what is ethically right and wrong or good and bad. Others, however, question whether this is possible. These so-called noncognitivists argue that such criteria are necessarily subjective and any ethical principles we create ultimately reflect our biases and personal preferences.

Like philosophers, social workers disagree about the objectivity of ethical principles. Some, for example, believe that it is possible to establish universal principles upon which to base ethical decisions and practice, perhaps in the form of a sanctioned code of ethics or God-given tenets. Proponents of this viewpoint are known as absolutists. Others, known as relativists, reject this viewpoint, arguing instead that ethical standards depend on cultural practices, political climate, religious beliefs, contemporary norms and moral standards, and other contextual considerations.
The debate between absolutists and relativists has an important bearing on our examination of ethical issues in social work (Reamer, 1990). If one believes that conclusions concerning ethical values and guidelines reflect only opinions about the rightness or wrongness of specific actions and that objective standards do not exist, one has no reason to even attempt to determine whether certain actions are in fact right or wrong in the ethical sense. According to this perspective, one opinion would be as valid as another. For example, there would be no objective way to determine whether it is or is not ethical for a social worker to maintain a social or intimate relationship with a former client, share personal information with clients, become Facebook friends with a former client, violate a law or agency policy to protect a client, and so on.

If one believes, however, that absolute ethical standards do or can in principle exist, it is sensible to attempt to identify the content of these standards and to subsequently use them to judge the rightness and wrongness of particular actions. From this perspective, social workers should be able to consult strict, universally accepted standards to address ethical challenges.

The quest to provide a rational justification of principles that could enable people to distinguish between right and wrong has been one of the most challenging problems confronting moral philosophers. Socrates, Plato, Aristotle, Immanuel Kant, Jeremy Bentham, and John Stuart Mill, among other prominent philosophers, have devoted considerable effort to the task. Others, such as David Hume, Karl Marx, and Friedrich Nietzsche, have questioned whether efforts to formulate firm ethical principles are appropriate or worthwhile. Nonetheless, many modern philosophers have made ambitious attempts to outline ethical standards and principles to guide individuals’ decisions (Gewirth, 1978a).

Concern about the need for clear ethical standards in social work has also increased significantly in recent years. During the early years of the profession, many social workers embraced and were guided by strong beliefs in Judeo-Christian values (Woodroofe, 1962). Beginning in the 1960s, however, relativism experienced a surge of popularity in social work. Influenced in part by the unsettling effects of the civil disturbances and social unrest of that decade and by the rise of skepticism about conventional social institutions and standards, significant numbers of social workers began to question the validity of professional codes of ethics that suggested specific standards for judging right and wrong. The result was a tendency on the part of many social workers to resist espousing specific ethical standards and values, and especially the temptation to impose any particular value or values on clients, whether they be individuals, families, groups, or communities (Hardman, 1975; Siporin, 1989). What had been described in earlier years as forms of deviance, such as single-parent families, the use of drugs, and certain sexual mores, began to be more respected, or at least tolerated, by many social workers as reflections of lifestyles and preferences of certain age and ethnic groups that were merely different from those of conventional society. Social workers experienced a dramatic shift in their threshold of tolerance for, and understanding of, nontraditional ways of life.

During the 1960s, relativism was especially popular in social work, as it was in many other professions. Since this era, however, interest in the development of formal ethical standards and core values has strengthened. The interest in values and ethical principles has not focused primarily on the morality of clients’ preferences and lifestyles, as it did in earlier chapters of the profession’s history. Rather, the concern has been focused on practitioners’ ethics – on the justifications provided for intervening or failing to intervene in clients’ lives, the acceptability of specific forms and methods of intervention, management of complex ethical challenges in clinical social work, the moral dimensions of specific public policies, and the criteria used for distributing services and resources, among others. Practitioners’ willingness to tolerate relativism and the absence of standards as they relate to social workers’ actions and decisions has declined significantly (Emmet, 1962).
Although social workers tend to acknowledge that achieving consensus about a comprehensive set of unequivocal, absolute, and objective ethical standards for the profession may be difficult, the belief is widespread that the profession embraces a number of core values and that social workers’ actions and decisions frequently have ethical dimensions that warrant thoughtful attention. Indeed, prominent codes of ethics in the profession throughout the globe make it clear that although social workers are sensitive to diverse cultural, religious, and social values and norms (a form of relativism), the profession subscribes to a number of bedrock values, ethical principles, and ethical standards (Congress, 2013). Thus, the belief that relativism provides an acceptable strategy for making difficult ethical decisions has grown somewhat anachronistic.

Theories of normative ethics

In contrast to metaethics, which is often abstract, normative ethics tends to be of special concern to social work because of its immediate relevance to practice. Normative ethics consists of attempts to apply ethical theories and principles to actual ethical dilemmas. Such guidance is especially useful when social workers face ethical challenges, for example, whether practitioners are obligated to disclose confidential information, without clients’ consent, to protect third parties from harm; manage boundaries skillfully; or allocate limited resources ethically.

Theories of normative ethics are generally grouped under two main headings. Deontological theories (from the Greek deontos, meaning “of the obligatory”) claim that certain actions are inherently right or wrong, or good or bad, without regard for their consequences. Thus, a deontologist—the best known is Kant, the 18th-century German philosopher—might argue that telling the truth is inherently right, and thus social workers should never lie to clients, even if it appears that lying might be more beneficial to the parties involved. The same might be said about keeping promises made to colleagues, upholding contracts with vendors, obeying a mandatory reporting law, and so on. For deontologists, rules, rights, and principles are sacred and inviolable. The ends do not necessarily justify the means, particularly if they require violating some important rule, right, principle, or law (Frankena, 1988; Herman, 1993; Rachels & Rachels, 2015).

One well-known problem with this deontological perspective is that it is easy to imagine conflicting arguments that use similar language about inherently right (or wrong) actions. One deontologist might argue that all human beings have an inherent right to life and that it would be immoral for a social worker to help a client locate abortion services or to be involved in an act of physician-assisted death, for example, with a client who is gravely ill and wants to end his life. Another deontologist, however, might argue that social workers have an inherent obligation to respect clients’ right to self-determination so long as the actions involved are voluntary and informed, and that it therefore is permissible for social workers to help clients locate abortion services and to be involved in an act of assisted suicide.

The second major group of theories, teleological theories (from the Greek teleias, meaning “brought to its end or purpose”), takes a different approach to ethical choices. From this viewpoint, the rightness of any action is determined by the goodness of its consequences. Teleologists think it is naive to make ethical choices without weighing potential consequences. To do otherwise is to engage in what the philosopher Smart (1971) referred to as “rule worship.” Therefore, from this perspective (sometimes known as consequentialism), the responsible strategy entails an attempt to anticipate the outcomes of various courses of action and weigh their relative merits (Frankena, 1988; Rachels & Rachels, 2015).
Teleology has two major schools of thought: **egoism** and **utilitarianism**. Egoism is not typically found in social work; according to this viewpoint, when faced with conflicting duties, people should maximize their own good and enhance their self-interest. By and large, social workers act primarily in clients’ best interest, not their own. For example, ordinarily social workers make ethical decisions to enhance clients’ well-being, not to further their own career interests.

In contrast, utilitarianism holds that an action is right if it promotes the maximum good; historically, it has been the most popular teleological theory and has, at least implicitly, served as justification for many decisions made by social workers. According to the classic form of utilitarianism – as originally formulated by the English philosophers Jeremy Bentham in the 18th century and John Stuart Mill in the 19th century – when faced with conflicting duties, one should do that which will produce the greatest good. In principle, then, a social worker should engage in a calculus to determine which set of consequences will produce the greatest good.

One form of utilitarian theory is known as **good-aggregative utilitarianism**; it holds that the most appropriate action is that which promotes the greatest total, or aggregate, good. Another theory is **locus-aggregative utilitarianism**, which holds that the most appropriate action is that which promotes the greatest good for the greatest number, considering not only the total quantity of goods produced but also the number of people to whom the goods are distributed (Gewirth, 1978a). The distinction between these two forms of utilitarianism is important in social work when one considers, for example, whether to distribute a fixed amount of public assistance in a way that tends to produce the greatest aggregate satisfaction (which might entail dispensing relatively large sums to relatively few people) or produces the greatest satisfaction for the greatest number (which might entail dispensing smaller sums of money to a larger number of people). One problem with utilitarianism is that this framework, like deontology, sometimes can be used to justify competing options.

Some philosophers argue that distinguishing between **act** and **rule utilitarianism** (Gorovitz, 1971) is important and helpful. According to act utilitarianism, the rightness of an action is determined by the goodness of the consequences produced in that specific case or by that particular act. One does not need to look beyond the implications of this one instance. In contrast, rule utilitarianism takes into account the long-term consequences likely to result if one generalizes from the case at hand or treats it as a precedent. From this point of view, consistency across similarly situated cases is important.

Another illustration of the distinction between act and rule utilitarianism concerns the well-known mandatory reporting laws related to child abuse and neglect. According to these laws, social workers and other mandated reporters are required to notify child welfare or protective service authorities whenever they suspect child abuse or neglect. Circumstances sometimes arise that lead social workers to conclude that a client’s best interests would not be served by complying with the mandatory reporting law. In these instances, social workers believe that more harm than good would result if they obeyed the law. The alleged harm might take the form of bureaucratic inefficiencies and insensitivities. What these social workers are claiming, at least implicitly, is that violating a law is permissible when it appears that greater good would result.

This is a classic example of act utilitarianism. An act utilitarian might justify violating a mandatory reporting law if it can be demonstrated convincingly that this would result in greater good (e.g. if the social worker is able to show that he would not be able to continue working with the family if he reported the suspected abuse or neglect and that his continuing to work with the family offers the greatest potential for preventing further neglect or abuse). A rule utilitarian, however, might argue that the precedent established by this deliberate violation of the law would generate more harm than good, regardless of the benefits.
produced by this one particular violation. A rule utilitarian might argue that the precedent established by this case might encourage other social workers to take matters into their own hands rather than report suspected abuse or neglect to local protective service officials and that this would, in the long run, be more harmful than helpful, especially if some social workers do not exercise sound judgment. A key problem with utilitarianism, then, is that different people are likely to consider different factors and weigh them differently, as a result of their different life experiences, values, religious beliefs, political ideologies, and so on.

In addition, when taken to the extreme, classic utilitarianism can justify trampling on the rights of a vulnerable minority to benefit the majority. In principle, a callous utilitarian social worker (an unlikely phenomenon) could argue that policies that protect the civil rights of people with mental illness (e.g. extensive competency evaluations before involuntary commitment) are too costly, especially when compared to the costs and benefits of simply removing “public nuisances” from the streets. In light of countless instances throughout history in which the rights of minorities and other oppressed groups have been insensitively violated to benefit the majority, social workers have good reason to be concerned about such strict applications of utilitarian principles.

**Rights-based theories**

Perhaps the best-known alternative to utilitarianism is proposed by philosophers who embrace what is known as the *rights-based theory*. According to this perspective, statements about people’s fundamental rights – for example, the right to life, liberty, expression, property, and protection against oppression, unequal treatment, intolerance, and arbitrary invasion of privacy – provide the basic language and framework for ethical guidelines (Beauchamp & Childress, 2013). *A Theory of Justice*, by the contemporary philosopher Rawls (1971), is perhaps the most famous book on this subject. Rawls’s theory, which has profound implications for social workers, assumes that individuals who are formulating a moral principle by which to be governed are in an “original position” of equality such that each individual is unaware of her own attributes and status that might produce some advantage or disadvantage. The assumption is that under this “veil of ignorance,” in which people have no awareness of social or status differences among them, individuals will formulate a moral framework that ultimately protects the least advantaged based on a ranking of priorities. Preoccupation with the least advantaged is a core social work value. Rawls made another distinction that is important for social workers to consider: the distinction between natural duties – that is, fundamental obligations such as helping others in dire need or not injuring other people – and supererogatory actions – that is, actions that are commendable and praiseworthy but not obligatory.

Rawls’s work highlighted a concept that has become critically important in ethics and in social work: the ranking of values and ethical duties. For Rawls and many other moral philosophers, ethical decisions often reduce to difficult judgments about what values or duties take precedence over others. Rawls calls this *lexical ordering*. For example, should a vulnerable client’s right to self-determination take precedence over the social worker’s duty to protect the client from engaging in self-harming behavior (such as when a person who is homeless in dire weather conditions refuses offers of assistance by a social worker)?

Other philosophers have also offered important rights-based theories about the most appropriate way to rank conflicting duties. The philosopher Donagan argued in *The Theory of Morality* (1977) that when choosing among duties that may result in harm, one should do that which results in the least harm. Popper (1966) called this the minimization of suffering, and Smart and Williams (1973) called this negative utilitarianism.
In another prominent example of a rights-based theory that is relevant to social work, the philosopher Gewirth (1978b) has offered a number of arguments that are particularly relevant to social workers’ thinking about the ranking of conflicting duties (Reamer 1979, 1990). Gewirth’s approach in his *Reason and Morality* (1978b) also provides a useful illustration of the ways moral philosophers think about ethical dilemmas. Gewirth claims that human beings have a fundamental right to freedom (similar to social workers’ conceptualization of self-determination) and well-being, and that there are three core “goods” that human beings must value: *basic goods* – those aspects of well-being that are necessary for anyone to engage in purposeful activity (e.g. life itself, health, food, shelter, mental equilibrium); *nonsubtractive goods* – goods whose loss would diminish a person’s ability to pursue his goals (e.g. as a result of being subjected to inferior living conditions or harsh labor, or as a result of being stolen from, cheated on, or lied to); and *additive goods* – goods that enhance a person’s ability to pursue her goals (e.g. knowledge, self-esteem, material wealth, education).

Like all moral philosophers, Gewirth recognizes that people’s various duties and rights sometimes conflict and that they sometimes need to choose among them; social workers certainly encounter such conflicts. Gewirth argues that conflicting duties can be ranked or placed in a hierarchy based on the goods involved (1978b).

### Virtue ethics and the ethics of care

Another prominent ethical theory is known as virtue ethics. From this perspective, an ethical person has virtuous values and character traits and acts in a manner consistent with them. Ethical judgments spring from these core values and character traits rather than from ethical rules and standards per se. The biomedical ethicists Beauchamp and Childress (2013) developed the best-known framework for understanding professionals’ virtues in the 1970s when the fields of biomedical ethics and professional ethics were just emerging and gaining prominence. This popular framework, first published in 1979, continues to be central to the professional ethics field and is highly relevant to social work. Beauchamp and Childress (2013) identify several core, or “focal,” virtues that are critically important in the work carried out by professionals: compassion, discernment, trustworthiness, integrity, and conscientiousness. These focal virtues are linked directly to four core moral principles that, Beauchamp and Childress (2013) claim, constitute the moral foundation of professional practice: autonomy, nonmaleficence, beneficence, and justice. These moral principles clearly have broad application to, and implications for, social work practice.

Two other ethical perspectives have important implications for social workers, although they tend to be appreciated more for the values they endorse than their practical relevance when social workers have to make difficult ethical decisions: *communitarianism* (also known as *community-based theory*) and the *ethics of care*. According to communitarianism, ethical decisions should be based primarily on what is best for the community and communal values (i.e. the common good, social goals, and cooperative virtues) as opposed to individual self-interest (Beauchamp & Childress, 2013).

The ethics of care, in contrast, reflects a collection of moral perspectives more than a single moral principle (Gilligan, 1983). This view emphasizes the importance in ethics and moral decision-making of the need to care for, and act on behalf of, persons with whom one has a significant relationship (Beauchamp & Childress, 2013). For social workers, this perspective emphasizes the critical importance of their commitment to their clients. Proponents of the ethics of care perspective typically embrace a feminist perspective and are concerned that the predominant ethical theories – especially deontology and teleology – are too reliant...
on universal standards that do not take into consideration the critically important role of human relationships and interdependency.

Instead of focusing on individuals’ universal rights and obligations, care theorists have built their theory around relationships. Key themes in the ethics of care include: the centrality of caring relationships; shared ties of mutuality; the view that caring both establishes and transforms who we are as people; the requirement that genuine caring gives rise to actions that address actual needs; and the importance of care ethics as a normative theory for people’s relationships, for people as individuals, and for how we might nurture caring values in others (Reamer, 2019).

Conclusion

Ethical theory is an essential component of professional and social work ethics. Familiarity with diverse, prominent ethical theories can help social workers appreciate the complexity and relevance of moral analysis when they encounter ethical dilemmas in clinical practice, community organizing, advocacy, administration, and research. Ethical theories highlight morally relevant factors in ethical decision-making. Further, they provide a valuable supplement to more concrete ethical standards, especially those embedded in codes of ethics, that social workers rely on to make sound ethical judgments.

References


