



## EVERYDAY ETHICS FOR LACTATION CONSULTANTS

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### STUDY GUIDE

The study module is based on the prescribed readings, which are provided in Section 3. The content is concerned with practice ethics for lactation consultants including the requirements of the IBCLC Code of Ethics.

Read the study guide together with the readings: the content of the study guide will follow and encourage reflection on the readings. There are questions throughout the study guide. Answering these questions does not form part of the assessment of the module, however it is strongly recommended that the reader take the time to consider the questions and write brief notes in answer to them. Giving thought to the points raised in these questions should enhance the usefulness of the module.

The prescribed readings are:

1. **Code of Ethics and Scope of Practice for IBCLCs** IBLCE. Reproduced with permission.
2. **Ethics and Lactation Consultant Practice: Ethically Speaking** Calandro A. BSN, RNC, IBCLC. Reproduced with permission.
3. **Ethics in Lactation Consultant Practice: some case studies** Johnston J. FACM, IBCLC. Reproduced with permission
4. **ILCA Standards of Practice for IBCLC Lactation Consultants.** ILCA. Reproduced with permission

## READING 1: Code of Ethics and Scope of Practice for IBCLCs. IBLCE

The preamble to the Code of Ethics (CoE) sets out the practical rationale for requiring that certified lactation consultants adhere to these tenets. Begin by reading the IBLCE Code of Ethics, and keep these principles in mind throughout your work on the module. **Read the Code of Ethics now**, then continue to read this study guide.

### What are ethics?

In general terms ethics is concerned with answering the question ‘what ought one to do?’ (St James Ethics Centre 2001). That question can be asked in any situation concerning any decision one is making, so ethics is not a specialist area of theoretical study but an everyday concern that involves everyone. Ethical decisions take into account the interests of all those who are affected by them. Often it is not a question of right and wrong, but of weighing competing interests or concerns. Codes of ethics, such as the IBLCE’s, attempt to encourage an ethical culture within a profession by providing guidelines for making difficult decisions in professional practice.

One approach to medical ethics is to base all practical applications on four basic principles - respect for autonomy, beneficence, non-maleficence, and justice (Gillon 1994, McCormick 1999). These well-established principles were developed by Beauchamp and Childress, authors of the seminal text ‘Principles of Biomedical Ethics’.

### Autonomy

Respect for autonomy is the moral obligation to respect others’ right to control their own lives. The requirements to allow and enable clients to make informed decisions about their care; to keep clients’ private information confidential and to be honest with clients follow from this principle. Respecting a client’s autonomy also requires the IBCLC to facilitate effective communication. Health care providers must listen openly and intently to clients in order to ascertain what the client wants and needs, and must honestly inform clients about the possible implications of their options and choices so that the client can make her own informed decisions. It can be tempting for health professionals to assume that they know what is best for their clients. Reflecting on what it means to respect the client’s autonomy reminds us that only the client can make his or her decision. Willingness to listen and compromise between the health ‘ideal’ and meeting the client’s other needs and values may incidentally result in better compliance with the health professional’s recommendation and so lead to a more favourable health outcome. For example, you might recommend to a mother that she gives up smoking. If you have open communication with her, she may tell you that she has tried many times, has cut down as much as she can and believes that at present, she cannot stop smoking. With this information the two of you can work out how to minimise the damage her smoking does. If your communication is not open, she might not tell you that, and might not return to see you again, nor find out how to minimise the harm.

As mentioned above, patient confidentiality is an important principle in medical ethics and this implies keeping patient records secure, but there are times when this principle is overridden by the need to protect others from harm. The IBCLC code of ethics requires that at the beginning of the first consultation with a potential client, the IBCLC must obtain consent to share relevant information with the client’s medical practitioner (Tenet 23). This tenet is primarily relevant to lactation consultants in private practice, as health professionals working within an institution are understood to share clients’ information with other health

professionals who share the patient's care. (Tenet 23 does not, of course, imply a more general release from the obligation to protect a client's confidentiality.)

Also the law requires that child abuse is reported, though the details of who is obliged to report and what level of certainty is required, varies between the Australian states (Higgins, Bromfield & Richardson 2007). In general terms health practitioners need to consider whether keeping the patient's information confidential creates greater harm than does disclosure (Edwards 1999). (Go to <http://www.aifs.gov.au/nch/pubs/sheets/rs3/rs3.html> for information on mandatory reporting in Australia.)

### **Beneficence and non-maleficence**

Beneficence is the requirement to care for our clients – literally 'doing good' or being kind. Non-maleficence is reflected in the familiar Hippocratic admonition to 'do no harm'. Beneficence and non-maleficence are complementary principles. Health care providers are responsible to provide benefits to their clients and not to harm them. In medicine in some cases the requirements of beneficence seem to be in direct conflict with the requirements of non-maleficence. Medical professionals often have to find a favourable balance between them. For example the prescription of medication may cure the client's presenting problem, but may cause unwanted side-effects. These principles require health professionals to be competent and to maintain up-to-date knowledge, so they know which interventions are effective and safe. Most lactation consultants do not prescribe medications, but the same conflict can arise in other ways.

Can you think of an occasion when your best advice for a client involved some degree of harm or the potential for ill-effects? Think through whether you are personally satisfied with your resolution of the conflict.

### **Justice**

Justice requires that resources be fairly distributed between members of society. While justice is readily recognised as a good thing, this is a difficult requirement to meet. How does a busy nurse decide which of two patients to give her time to? Do you decide to spend time with a patient who needs help with establishing breastfeeding or do you hurry through your schedule so as to leave enough time for all the patients? These everyday decisions have ethical dimensions (Naphthine 1994). It is the responsibility of every practitioner to be careful that no personal preference or prejudice influences these decisions (Tenets 2, 4, 16, CoE).

Tenet 2 stipulates some possible sources of prejudice, but there are others. For example it has been observed that teenage mothers less often breastfeed than do adult women. Prejudice (pre-judging) might lead a lactation consultant to assume that time spent with a teenage mother is wasted because she won't breastfeed anyway. Alternatively, the lactation consultant might ignore the older woman because she will breastfeed with or without guidance and time should be spent with the young mother who needs help. There is no substitute for asking each mother what help she wants.

Prejudice can also be a more personal matter. A lactation consultant may have to overcome her prejudices when she is faced with a client whose parenting style conflicts with her own. Perhaps the client is planning to partially breastfeed, or to wean early, or to place the nursery far from the mother's bedroom. The lactation consultant may feel that these plans indicate the mother is not emotionally responsive to her infant, or is not committed to giving her infant

the best start. The lactation consultant should listen carefully to what the mother tells her about her plans and her reasons for those plans. It may be that the mother doesn't realise the implications of her plans and needs more information, or the mother may have different priorities from those of the lactation consultant and the health professional may have difficulty helping the mother to achieve goals the lactation consultant doesn't share. Prejudice may also be as simple and apparently benign as a tendency to expect that the health professional's own breastfeeding experience can provide solutions to all other mothers' situations.

Can you think of an occasion when your own prejudices had an influence on your interaction with a client?

Many of the tenets of the IBLCE CoE can be directly traced back to the four basic principles. Look through the tenets of the IBLCE CoE and consider how each of the tenets that outline how to deal ethically with clients, relates to the four basic principles.

Some of the Code of Ethics' tenets apply to each individual consultation; some require that the lactation consultant have procedures in place to ensure her practice complies with the ethical tenet. For example, Tenets 1 and 2 require that a lactation consultant must listen to her client to establish the needs and values of this individual client. Tenet 6 requires that the lactation consultant have some means of maintaining security of all client records, such as a locked filing cabinet or secure computer records. Tenet 23 implies that IBCLCs in private practice should have consent forms for their clients to sign. Tenets 7 and 8 require lactation consultants to keep up-to-date by participating in continuing education, Tenet 9 requires that when a particular case is outside the lactation consultant's expertise she must recognise that and refer the client to another health care provider.

A number of the tenets of the CoE open into complex legal areas. Tenet 6 has already been mentioned. Likewise Tenet 25 requires that IBCLCs 'Understand, recognise, respect and acknowledge intellectual property rights'. Of the intellectual property rights, IBCLCs will most commonly need to observe copyright law. Under Australian law, copyright is automatic, that is, the author or creator of an original work does not need to register the work to have copyright protection. From the time of creation of the work, the copyright owner has the exclusive right to license others to copy, publish, perform or broadcast or to make any adaptation of the work. 'Fair dealing' allows some copying of work without seeking copyright permission. Usually fair dealing allows the copying of one tenth of a work, or making one copy for personal use only.

The 'Scope of Practice' is a document created by the IBLCE to guide IBCLCs in their practice. In accord with the Code of Ethics, and the law, IBCLCs must practice within the limits of their qualification. The 'Scope of Practice' makes the duties of an IBCLC explicit. It specifies what IBCLCs are qualified for. Some IBCLCs may hold other qualifications that allow them to practice more widely. In such situations the IBCLC must be clear under which qualification he or she is carrying out a procedure. The 'Scope of Practice' also reinforces the values in the Code of Ethics.

**Read The Scope of Practice now.**

**READING 2: Ethics and Lactation Consultant Practice: Ethically Speaking.**

Calandro A. BSN, RNC, IBCLC. Chair, Ethics and Discipline Committee.

Reading 2 describes the workings of the Ethics and Discipline Committee of the IBLCE. Since this piece was written there have been other cases for the Committee to review. The IBLCE website for the Australian region records the decision to permanently revoke an IBCLC's certification as a result of her copying and using photographs from the IBCLC examination in contravention of signed agreements. Another IBCLC received a private reprimand for using an outdated practice that probably contributed to a mother's early cessation of breastfeeding. These decisions and others can be read at <http://www.iblce.edu.au/EandDCommReport.php>. See Tenets 21 and 22 of the Code of Ethics which outline IBCLC's obligations to the Ethics and Discipline Committee of the IBLCE.

**Proceed to Reading 2 and complete.**

**READING 3: Ethics in Lactation Consultant Practice: some case studies.**  
Johnston J.

Joy Johnston presents a discussion of three case studies illustrating the use of critical reflection as a tool in achieving ethical practice.

**Read the Abstract and Introduction** (p. 21-22)

Joy recognises the need to respect an individual client's values. She emphasises that 'doing what's right' includes both professional competency and respect for the client. She also says 'my actions as a practitioner are influenced by my...scope of practice'. What is Joy's scope of practice?

Joy's framework of values is differently structured from that previously outlined, but reflects similar concerns. For example Joy describes universal basic values as 'safety...freedom from pain' and she says that society's core values are 'expanded in health care to empowering informed decision making...equity of access to resources'. Valuing safety and freedom from pain relate to the health professional's responsibility to provide benefits and minimise harms to their patients, and we have already seen that informed choice comes from respect for autonomy and 'equity of access to health resources' is 'justice' applied.

**Continue with Reading 3, down to the heading 'Woman-centred care'** (p22-p25)

In reflecting on her practice, Joy finds it useful to apply Edward De Bono's thinking hats or Gibb's reflective cycle. Having a structured reflection process provides consistency and facilitates learning. Joy's focus is on learning from each case and so improving her practice. She reflects on her impact on the situation both with respect to her technical advice and her interpersonal actions. Consider Joy's analysis.

**Continue to read to the end of Reading 3 (p.25 – p.27)**

One particular aspect of Joy's analysis needs comment. She writes 'The problem of conflicting advice identified by mothers has to do with the mother's own understanding of all the information and advice she receives.' This could be interpreted as placing the responsibility for conflicting advice on the mother. It implies that health professionals do not have different opinions or practices and do not give conflicting advice. Sometimes we do. Certainly the frequency with which the complaint is made indicates that it is an area that needs serious consideration. A mother who says she has received conflicting advice deserves respectful listening. It may be that different suggestions on how to manage a situation have been interpreted as conflicting, or it may be just as she says, that she has been given conflicting advice. (Tenet 18 of the Code of Ethics says 'legitimate differences of opinion exist'.) The health professional in this situation has to manage to avoid disrespect for her colleagues while still giving her professional opinion and enough information to the client so that rather than receiving advice, she is in a position to make her own decision. Joy discusses this further on.

The information provided on the cases is very limited, so to test the reflective process, try to apply either of these frameworks to reflect on a case in your personal experience. Analyse which elements worked and which did not, not only in terms of interventions, but in terms of interpersonal approaches too. The creative thinking of the green hat, or the action plan in Gibb's cycle aims to produce new solutions out of the negative aspects of the review. How could you transform whatever negatives arose as issues in your analysis?

It would also be possible to use the four basic ethical principles as a framework for reflection. Each case could be reviewed according to the questions:

- Did I respect this client's autonomy?
- Did I offer only interventions that on balance had more positive than negative effects?
- Did I provide just access to health care to this client?

If these questions are too broad, as particularly the first and last might be, the Code of Ethics could provide a more specific set of guiding questions. For example...

- Did I respect the unique needs and values of this individual? (Tenet 1)
- Did I discriminate against this client because of stereotypical expectations I have about this client's beliefs? (Tenet 2)
- Did I maintain this client's confidentiality? (Tenet 6)
- Did I provide sufficient information to enable this client to make an informed decision? (Tenet 11)
- Did I provide an objective assessment of the lactation aid I recommended? (Tenet 12)

You may find that some tenets are particularly difficult for you. Remember to try for an objective evaluation of your performance on these issues. Critical reflection on each case should lead to an increasingly ethical style of practice.

## READING 4: ILCA Standards of Practice for IBCLC Lactation Consultants. International Lactation Consultant Association

Readings 3 and 4 demonstrate that professional proficiency is an ethical concern. The International Lactation Consultant Association has drawn up 'Standards of Practice' to provide IBCLCs with guidelines for competent professional practice. Note that the Preface states 'Quality practice and service are the core responsibilities of a profession to the public.'

**Proceed to Reading 4 and complete.**

### References

Edwards KA last updated 11/4/2008 Ethics in Medicine: Confidentiality University of Washington School of Medicine URL <http://depts.washington.edu/bioethx/topics/confiden.html> Accessed 20/1/2009

Gillon R 1994 Medical ethics: four principles plus attention to scope *BMJ* 309(6948):18-8.

Higgins D, Bromfield L, Richardson N, National Child Protection Clearinghouse, 2007 Resource Sheet Number 3 August 2007, Mandatory reporting of child abuse. Accessed 21/1/2009  
<http://www.aifs.gov.au/nch/pubs/sheets/rs3/rs3.html>

McCormick TR last updated 11/4/2008 Principles of Bioethics University of Washington School of Medicine URL <http://depts.washington.edu/bioethx/tools/princpl.html> Accessed 20/1/2009.

Napthine R 1994, Ethical events: An everyday dilemma *Australian Nursing Journal* 2(1):37-38

St James Ethics Centre 2001, What is ethics? St James Ethics Centre <http://www.ethics.org.au/about-ethics/what-is-ethics/> Accessed 26/1/2009

