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**The Ethics of Massage Therapy**


A Physician's Guide

to  
**THERAPEUTIC  
MASSAGE**



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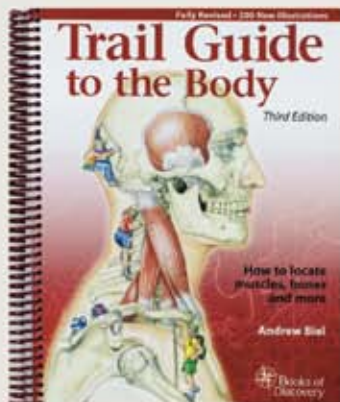
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## THE BIG PICTURE

# Learning to Do What's Right

Developing our ethical sense will improve our professional judgement  
by Cidalia Paiva

### Cidalia Paiva PhD



Cidalia Paiva is the executive director of the West Coast College of Massage Therapy in New Westminster, British Columbia. Dr. Paiva is one of North

America's leading experts on ethics and professionalism in massage therapy. She is the author of four books and over 60 articles and publications in academic and professional trade journals on ethics and complementary and allopathic health care.

Despite the guidance provided to practitioners through the profession's various accountability mechanisms for dealing with ethical issues and dilemmas that arise in practice (i.e., Code of Ethics, Standards of Practice documents or legal requirements), sometimes massage therapists find themselves facing situations that are not black and white and therefore require more clarification.

What massage therapists must be able to provide in these scenarios is referred to as "professional judgement," or the ability to interpret and apply ethical and legal requirements to the unique circumstances of the situation they find themselves in. The cornerstone of professional judgement is founded in our "ethical sense."

Human beings are sensate creatures. We primitively come to know and experience our world through our senses of sight, hearing, smell, taste, and touch. But these are not our only senses. As rational and sentient beings we also possess an ethical sense—in other words, an almost intuitive sensate function that helps us to know and differentiate right from wrong and good from bad. We receive information from our ethical sense in much the same way we receive information from our other senses.

However, the very fact that we have an ethical sense does not, in and of itself, mean that we pay attention to and work with this unique sense. We can and sometimes do choose to work against our ethical sense and ultimately ourselves. But this doesn't change the fact that this sense exists and that we can access it and work with it if we choose.

Somewhere in each of us resides this inner wisdom and it may show up for us in different ways, like a feeling in the pit of the stomach, a headache that comes out of no where and lingers, insomnia, or even a skin rash. When we find ourselves conflicted with an ethical issue, our ethical sense tells us what the right thing to do is. But sometimes doing the right

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requirements. We still need our ethical sense. Why? Because life and clinical practice aren't black and white and all too often we find ourselves in the proverbial grey zone.

## We cannot simply apply standards and requirements as if these were "how-to" formulas or recipes for ethical success.

or other benefit. Still, there is something in the deepest recesses of our being that knows that certain behaviours do not serve us ethically, as people or therapists.

Having an ethical sense, though, is not the same thing as being familiar and knowledgeable about our professional code of ethics and applicable legal

We cannot simply apply standards and requirements as if these were "how-to" formulas or recipes for ethical success. Each situation, like each client, is unique. Our code of ethics can inform and guide our ethical sense but it is not a substitute for it. All the ethics education in the world cannot replace a strongly developed ethical sense.

Moreover, ethical issues and dilemmas are not only unique but they are also often complex. The issues we encounter may have layers of complexity, and the application of standards and legislation to help resolve these issues may not be clear or simple. The topic of dual relationships provides us with a good illustration of this point.

Professionally, dual relationships are discouraged but not actually prohibited, unless of course they are sexual or romantic in nature. For example, bartering with clients or entering into social relationships with them are ethically discouraged behaviours but are not prohibited by law, even though we know from professional literature based on professional experience that such dual relationships are fraught with dangers and risks of harm to our clients and ourselves. But because dual relationships are merely discouraged



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rather than prohibited this leaves massage therapists in the grey zone, having to use their professional judgement to determine what is the best thing to do.

## Conscientious therapists do the right thing because it is the right thing to do, even if it would be easier to do the wrong thing.

It is in situations just like these that we need to turn to our ethical sense, which can be one of our best guides and resources in decision making. However, our ethical sense can only be of assistance if we listen to it, take it seriously, and commit ourselves to developing the values that support and nurture it.

### Core Values

There are eight essential values that help us navigate through the ethical challenges and pressures we face in clinical practice. These ethical values help to anchor us.

### Empathy

Empathy is the ability to feel “with” another person, and to understand his or her point of view. It is the foundational value that nurtures our ethical sense. Empathy sensitizes us to different points of view and increases our awareness of other people’s feelings, ideas, and opinions. Empathy humanizes us by alerting us to another person’s predicament and moves us to be tolerant, compassionate, and understanding of their needs, and caring enough to protect their vulnerability.

### Honesty

Our ethical sense tells us that telling the truth is a good and positive thing. When we tell lies, even “little white lies,” we set ourselves up to fail in our careers and our lives. Sooner or later the truth will be discovered and when that happens, trust and credibility is lost, sometimes forever. Remember, it is difficult to build trust; it takes time, effort, and sincere commitment. But it is very easy to lose trust.

### Conscientiousness

Conscience is a strong sense, an inner voice that helps us know right from wrong. It is our conscience that lays the

foundation for ethical behaviour and supports us in developing professional judgement. Conscientious therapists do the right thing because it is the right thing to do, even if it would be easier to do the wrong thing and no one else would ever find out.

### Self-control

Self-control is extremely important. We need self-control to help us manage our impulses and think before we act, so that we do not make poor choices with potentially adverse outcomes. We also need self-control to help us put aside immediate gratification, keep our professional commitments, and reach long-term goals.

### Respect

Respect supports us in treating our clients with consideration because we view them as worthy. Respect requires us to treat others the way we want to be treated. When respect becomes a part of our daily lives we are more likely to care about the rights and feelings of others. We are also more likely to treat people fairly and impartially.

### Kindness

Kindness helps us to show concern for the well-being of others. When we develop kindness we become less self-absorbed and selfish and more compassionate. We come to know, at a deep intuitive level, that treating people with kindness is the right thing. We act kindly towards our clients when we think about their needs, show concern for them, and protect their vulnerability.

*Learning to Do What's Right continued on page 20*

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## QUICK STUDY

compiled by Amanda Baskwill RMT

In the curriculum of massage therapy education in Ontario, a course on professional ethics, therapeutic boundaries, or similar is required. Typically, this course is combined with instruction regarding legislation and regulation, and sometimes, the issues of right and wrong courses of action based on laws and regulations become the focus. While this approach is useful in helping massage therapy students to become familiar with the formal responsibilities of the profession, it sometimes leaves practising massage therapists unsure or confused when faced with an ethical dilemma.

The resources below will not solve ethical dilemmas for the reader. However, they will provide the reader with alternate perspectives and will challenge the way the reader thinks. There are many other resources available for health care professionals and related ethical and moral discussions. The following is only a small selection.

### ***HUMAN VALUES IN HEALTH CARE: THE PRACTICE OF ETHICS***

**Wright, R.A.**

Toronto, ON: McGraw-Hill Book Company. 1987.

Although the date of publication of this book may lead the reader to suspect it is out of date, the focus on health care ethics through the use of case studies is a valuable aspect of this book and the topics and issues contained within are timeless. Some of the topics included are human values, ethics, and health care decision making, ethical theory, privacy and confidentiality, communication in health care, and paternalism. Although massage therapists learn about the therapeutic relationship and discuss ethical issues, very few have taken a course that truly explores the grey areas of ethics for health care practitioners. The reflective practitioner can use the cases within to explore how he or she might react in that situation, and contemplate why his or her response may be neither *right* nor *wrong*.

### ***THE ETHICS OF TOUCH***

**Benjamin, B.E., & Sohnen-Moe, C.**

Tucson, AZ: Sohnen-Moe Associates, Inc. 2003.

This book is well known throughout the massage therapy community. The authors present information and points of discussion related to ethical principles, boundaries, effective communication, dual relationships, intimacy, ethical practice management, business ethics, and special considerations for clients who have experienced trauma. This book has valuable examples and real-life cases that allow both new and experienced practitioners an opportunity to practise and challenge their responses to these situations. An additional aspect of interest is the activities and resources provided throughout the book.

### ***ETHICAL ISSUES IN PROFESSIONAL LIFE***

**Callahan, J.C.**

New York: Oxford University Press. 1988.

This book, although more general in its approach, can be used to stimulate conversation and reflection on professional ethics. The chapter entitled “Professions and Professionalism” provides interesting commentary on the professionalization of journalism, which, although not a health care profession, follows a similar professionalization track as massage therapy and other professions. The discussion regarding responsibilities of professionals crosses disciplines. Furthermore, topics such as advocacy, the professional–client relationship, privacy and confidentiality, social responsibility, character, and professional codes are all of interest to the practising massage therapist.



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# Ethics and the Law

The social framework behind laws and professional standards

by Bonni Ellis

## EYE ON PRACTICE

*Note: A lot of ink has been spilled discussing the differences between ethics and morals, but for the purposes of this article, the two terms have, essentially, been used interchangeably.*

*We do not act rightly because we have virtue or excellence,  
but we rather have those because we have acted rightly.*

—Aristotle, 384–322 BC

### The Reflection of Ethics in the Law

The law, in many ways, reflects the collective values of the society it governs. Laws are a set of rules that dictate what individuals can and cannot do. In a democracy, laws tend to reflect the views of the majority—conduct that the citizens, as a whole, considers acceptable is legal while those actions deemed to be unacceptable are prohibited. (Laws, of course, reflect a multitude of interest and values from other areas of society including, but not limited to, religion, business, and politics.)

In many cases, conduct is either condemned or condoned, at least tacitly, through one of two ethical frameworks. Under the first framework, conduct is assessed based on its inherent moral qualities. Murder, for example, can be viewed as an inherently bad act. Under the second approach, the desirability of an action is evaluated by reference to the consequences that flow from it. Conduct that engenders desirable consequences is deemed good and lawful, whereas actions that produce negative results are viewed to be bad and outlawed. Speeding, one could argue, falls into this second category. The use of moral judgements to label conduct as good or bad, right or wrong, desirable or undesirable—whether because of its inherent qualities or because of its consequences—is one of the many ways in which ethics and the law are inescapably intertwined.

While some types of inherently bad acts are considered to be more malevolent than others (pre-meditated murder is usually treated as more blameworthy than a spontaneous killing that occurs “in the heat of the moment”) and certain circumstances may diminish the offender’s culpability (e.g., murder committed in self-defence), an act viewed to be inherently wrong is condemned not so much because of its consequences but because of its position on the wrong side of the moral scale. In society’s collective conscience, murder is a morally reprehensible act not simply because it results in somebody’s death, but because the act itself is simply unconscionable or “wrong.”

Contrast the inherent moral character of murder with an offence such as speeding. While some may argue that there is nothing inherently wrong with driving above the posted speed limit (after all, the limit changes depending on where you are driving), it is the potential consequences, not only for the driver but for

### Bonni Ellis BA, MA, LLB



After completing a master’s degree in philosophy at Concordia University in Montreal, Bonni Ellis attended law school at the University of Toronto.

While at law school, Bonni worked on a special project at the College of Physicians

and Surgeons of Ontario, which involved a review and analysis of the College’s alternative dispute resolution process.

Bonni completed her articles at a large national law firm and was called to the Ontario Bar in 2002. She subsequently returned to the firm as an associate, where she joined the health law group and focused almost exclusively on medical malpractice litigation. Prior to joining Steinecke Maciura LeBlanc, Bonni spent over three years as the Manager of Prosecutions at the College of Nurses of Ontario, where she was responsible for all matters referred for hearings before the Discipline Committee and/or the Fitness to Practice Committee.

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the surrounding pedestrians and motorists, that make it unacceptable to drive beyond the set threshold. Although this is an oversimplification of the matter, the status of conduct as illegal or legal, permitted or prohibited, condemned or condoned, is a reflection of society's assessment of the

(For a review of the differences, including the legal force, of these various instruments, see the July 2008 issue of *Massage Therapy Today*.)

When individuals agree to join one of the regulated health professions such as massage

## **In the world of professional regulation, however, an individual practitioner's personal beliefs and morals take a back seat to the collective views of the profession when those have been set out in laws, regulations, by-laws, and standards.**

morality of that conduct.

### **Ethics and the Law in Health Professions**

The world of professional regulation is, from a legal standpoint, a microcosm of society at large. The regulated health professions, for example, share certain rules and ethical standards, many of which are reflected in the Regulated Health Professions Act. To engage in a sexual relationship with a patient, for example, is deemed to be inappropriate and unacceptable conduct for all health professionals (see RHPA, s. 51 (1) (b.1), which requires a panel of the discipline committee to find that a member who has sexually abused a patient has committed professional misconduct).

In addition to the laws that apply to health professionals generally, massage therapy, as a unique profession, has its own set of values and ethics, certain aspects of which mirror social mores, but others of which are particular to the circumstances that massage therapists face as members of the profession. Those values are reflected in legislation, including the *Massage Therapy Act* (the "Act"), the regulations made under the Act, as well as the by-laws created by the council of the College of Massage Therapists of Ontario (CMTO). The collective ethics of massage therapists are also reflected in the standards, policies, and guidelines that are published by the profession's regulating body, the CMTO.

therapy, they agree to respect the values of the profession as reflected in all of these rules. That is not to say that every member of every health profession agrees entirely with the profession's collective ethics, but it is to suggest that they agree to abide by the rules that reflect those ethics. An individual practitioner may, for example, disagree with the profession's view that a specific technique is unsafe and, thus, unethical to perform. In the world of professional regulation, however, an individual practitioner's personal beliefs and morals take a back seat to the collective views of the profession when those have been set out in laws, regulations, by-laws, and standards.

### **Ethics as a Tool for Health Care Providers**

Not all conduct, however, is covered by rules nor can every situation be anticipated by regulators. In health care, in particular, where technologies and techniques evolve at lightning speed and where new ailments are constantly emerging, there will always be situations where practitioners are left asking themselves, "What is the right thing to do?" Unfortunately, there are no magic answers to such questions, partly because what is acceptable in one situation might be completely inappropriate in another very similar set of circumstances. There are, however, certain tools that health care practitioners can employ to evaluate their options.

Ethics, as a branch of philosophy, explores the different conceptual frameworks that individuals can use to evaluate moral dilemmas and to consider their options. Medical ethics, as a particular field of philosophical inquiry, tends to employ frameworks that reflect the relationship between health care provider and patient. Because those relationships are so diverse and because no two health care scenarios are exactly the same, the concept of focusing exclusively on the inherent value of certain conduct or the consequences of those actions seems particularly inadequate and one-dimensional. By using the values that inform the practitioner-patient relationship to evaluate consequences and/or the inherent worth of certain conduct, however, options can be evaluated in a manner that reflects the complexity of those relationships. The values in question underscore the duties of the health care provider as well as the rights of the patient, and include: beneficence, non-maleficence, honesty, autonomy, and dignity.

### **Beneficence**

Beneficence is the duty to do good. Health care practitioners have a duty to act in a manner that is in the best interests of their patient. This requires the health care provider to, among other things, put the needs of the patient above his or her own needs. Although the practitioner may, for example, find it helpful to divulge personal problems to a patient and, in many cases, such confidences may be prompted by the patient sharing personal details, it is likely not in the patient's best interests to be hearing somebody else's problems. Health care practitioners should, therefore, ask themselves whether their motivation for prescribing a course of action or acting in a particular way is the best interests of their patient or whether some other factors may be at play.

### **Non-maleficence**

Non-maleficence is similar to beneficence, but sufficiently distinct to warrant separate consideration. The idea behind non-maleficence is, perhaps, best captured

*Ethics and the Law continued on page 21*

# A Guide to Moral Decision Making

by Chris MacDonald

EYE ON PRACTICE

(Article reprinted with permission. Retrieved from <http://www.ethicsweb.ca/guide/>)

This guide is intended only as an aid. It is not a formula, and it does not guarantee good decisions. The order of the steps is not crucial, and may vary from one situation to the next.

## A. Recognizing the Moral Dimension

The first step is recognizing the decision as one that has moral importance. Important clues include conflicts between two or more values or ideals.

## B. Who Are the Interested Parties? What Are Their Relationships?

Carefully identify who has a stake in the decision. In this regard, be imaginative and sympathetic. Often there are more parties whose interests should be taken into consideration than is immediately obvious.

Look at the relationships between the parties. Look at their relationships with you and with each other, and with relevant institutions.

## C. What Values Are Involved?

Think through the shared values that are at stake in making this decision. Is there a question of trust? Is personal autonomy a consideration? Is there a question of fairness? Is anyone to be harmed or helped?

## D. Weigh the Benefits and the Burdens

Benefits, broadly defined, might include such things as the production of goods (physical, emotional, financial, social, etc.) for various parties, the satisfaction of preferences, and acting in accordance with various relevant values (such as fairness).

Burdens might include causing physical or emotional pain to various parties, imposing financial costs, and ignoring relevant values.

## E. Look for Analogous Cases

Can you think of other similar decisions? What course of action was taken? Was it a good decision? How is the present case like that one? How is it different?

## F. Discuss With Relevant Others

The merits of discussion should not be underestimated. Time permitting, dis-

cuss your decision with as many persons as have a stake in it. Gather opinions, and ask for the reasons behind those opinions. Remember that your ability to discuss with others may be limited by other people's expectations of confidentiality.

## G. Does This Decision Accord With Legal and Organizational Rules?

Some decisions are appropriately made based on legal considerations. If one option is illegal, we should at least think very seriously before taking that option.

Decisions may also be affected by rules set by organizations of which we are members. For example, most professional organizations have codes of ethics which are intended to guide individual decision making. Institutions (hospitals, banks, corporations) may also have policies which limit the options available to us.

## Chris MacDonald PhD



Chris MacDonald is an associate professor and graduate program coordinator in the Philosophy Department at Saint Mary's University in Halifax. He speaks and publishes on a wide range of topics, including business ethics, professional ethics, health care ethics, and moral theory. He is currently working on a book, tentatively entitled *Biotech Ethics: Responsible Commerce in Cutting-Edge Science*, and he writes a popular blog at [www.businessethicsblog.com](http://www.businessethicsblog.com).

## H. Am I Comfortable With This Decision?

Sometimes your "gut reaction" will tell you if you've missed something.

Questions to be asked in this regard might include: (1) If I carry out this decision, would I be comfortable telling my family about it? My clergyman? My mentors? (2) Would I want children to take my behaviour as an example? (3) Is this decision one that a wise, informed, virtuous person would make? (4) Can I live with this decision?



## Ethical Grey Areas Situations to make you think

by Christine Yungblut

### Christine Yungblut, RMT



Christine is a graduate of Sir Sandford Fleming College's class of 1998 and works at two multi-disciplinary sport clinics. She has been an active member of the OMTA serving as president and

Chapter representative of the Toronto Chapter, and acting as a school ambassador and member of the editorial committee.

Have you ever heard something that made you think, “Hmm does that seem right?” or “Is that allowed?” What was it that made you question it? Was it your sense of ethics—right and wrong? Maybe the situation was one that could be viewed in more than one way. Not all situations follow written rules; sometimes situations fall into the category of “grey area.”

Earlier this year we, the editorial committee, asked OMTA members via “The Friday File” (a weekly e-broadcast updating the profession about activities of the OMTA) for stories or situations that they considered ethical grey areas. Thank you to those who shared their stories with us. From the submissions we have chosen two scenarios for you to consider.

#### Scenario 1

A man whom I had never met called to purchase a gift certificate for a woman who had seen me a couple of times. I enthusiastically sold him one thinking how fortunate this woman was to get a “free” session with me! He also requested, and I agreed, to call her to schedule her appointment. Shortly thereafter, I received a return call from the woman stating that not only would she not accept such a gift from this man, but that to make her point, I should refund his payment.

#### Questions

1. Is there an ethical issue in this scenario?
2. Did the RMT follow the CMTO's policies and Code of Ethics?
3. Did the RMT act ethically in contacting the woman?
4. Should the RMT contact the gentleman to refund his money?  
What happens if he left no contact information?
5. How would you handle this scenario?

#### Scenario 2

An RMT allows a client to add them as a “friend” on a social networking site.

#### Questions

1. Is there an ethical issue in this scenario?
2. Does this cross client–therapist boundaries?
3. Would this violate the CMTO's Charter on Professionalism (consider the section Commitments and Expectations; no. 2, “Honesty and appropriate relations with clients”)?
4. Could this in any way affect the image of the RMT or the profession (directly or indirectly)?

The intention of this article is to inspire us all to think about and discuss with others the decisions we make in an ethical sense. Use the guidelines provided by the authors of other articles in this issue of *Massage Therapy Today* to guide your discussions.

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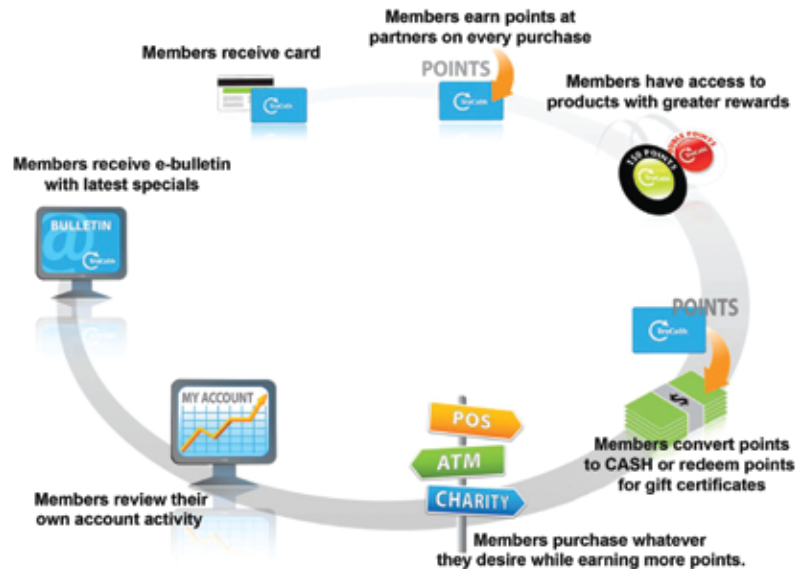




# OMTA Rewards Program



## HOW THE PROGRAM WORKS



The Ontario Massage Therapist Association, in partnership with DCR Strategies and TruCa\$h is pleased to offer its members the Rewards Program.

TruCa\$h® is a loyalty program that provides OMTA members with added value through the use of a co-branded member benefit card. Cardholders can use this membership card to earn points with TruCa\$h's host of both online and offline merchants.

The OMTA Member Rewards Program allows members to use their OMTA Member Card to collect points with participating merchants in the community and online, as well as receive preferred services from well-known merchants in the community and wherever they travel in North America. OMTA is also issuing points to members when they participate in a variety of different OMTA- related activities.

Some examples of TruCa\$h's participating community partners include Telehop Long Distance, Treadlife Roadside Assistance, Travel Guard Insurance, Downtown Fine Cars, and many more participating retailers.

TruCa\$h also offers over 900 online merchants who issue points, and include such retailers as Home Depot, Canadian Tire, La Senza, Sephora, Apple Store, Bass Pro Shops, Chapters, Dell Canada, eBay, Footlocker, Home Outfitters, The Bay, FTD Florists, Petsmart, Roots Canada, Vonage, Eddie Bauer, and many, many more!

TruCa\$h manages a comprehensive hotel and car rental program that encompasses all of the major North American hotel and car rental chains, just with a click of your mouse! Members can complete and submit the online hotel/car rental inquiry form via the co-branded website, and TruCa\$h will send members a

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The points collected can be redeemed for gift certificates or gift cards with participating merchants, and even be used to purchase items from the OMTA. Points collected could also go towards the registration to OMTA's Annual Conference or membership dues for the next year.

Some of the TruCa\$h gift certificate redemption partners include Home Depot, Swiss Chalet, Crabtree and Evelyn, Casey's, Cineplex, HomeSense, Winners, and Chapters, just to name a few.

In addition to redeeming earned points for gift certificates, the unique feature with the OMTA Member Rewards Program is the ability for members to also convert their earned points into cash, and then use their OMTA Member card as a secure stored-value debit card to access these funds via ATMs or at point-of-sale

terminals displaying the Interac symbol! Simply follow the prompts on the website for "Convert Points to Cash".

Members will be able to see their points balance any time they log in to OMTA/TruCa\$h co-branded website. For cash balances on their card, simply log in to the website, and follow the prompts for e-Wallet. Once members register for their personal and secure e-Wallet, they are able to see their cash balance, pay bills, and view their transaction history.

To access all of the benefits of this exciting program, members should visit their co-branded website as soon as they receive their card, create their username and password, and then tour the website to see and use all of its features. If cardholders update their profile and provide their email address, they will be issued 300 bonus points to get them started, and will receive monthly emails with program updates and special points offers and promotions.

**The TruCa\$h rewards program is the only program that allows its members to select their own rewards!**



# Thinking Ethically

## A framework for moral decision making

developed by Manuel Velasquez, Claire André, Thomas Shanks, and Michael J. Meyer

### The Markkula Center for Applied Ethics, Santa Clara University

The Markkula Center for Applied Ethics works with students, faculty, and professionals in many fields to heighten ethical awareness and stimulate reflective ethical action.

This article updates several previous pieces from *Issues in Ethics* by Manuel Velasquez, professor of business ethics at Santa Clara University and former Markkula Center director; and Claire André, associate director. "Thinking Ethically" is based on a framework developed by the authors in collaboration with Markkula Center director Thomas Shanks, S.J., professor of ethics and the common good, Michael J. Meyer, and others. The framework is used as the basis for many programs and presentations at the Markkula Center for Applied Ethics.

This article appeared originally in *Issues in Ethics* V7 N1 (Winter 1996). Retrieved August 19, 2008, from [www.scu.edu/ethics/practicing/decision/thinking.html](http://www.scu.edu/ethics/practicing/decision/thinking.html).

Moral issues greet us each morning in the newspaper, confront us in the memos on our desks, nag us from our children's soccer fields, and bid us good night on the evening news. We are bombarded daily with questions about the justice of our foreign policy, the morality of medical technologies that can prolong our lives, the rights of the homeless, the fairness of our children's teachers to the diverse students in their classrooms.

Dealing with these moral issues is often perplexing. How, exactly, should we think through an ethical issue? What questions should we ask? What factors should we consider?

The first step in analyzing moral issues is obvious but not always easy: Get the facts. Some moral issues create controversies simply because we do not bother to check the facts. This first step, although obvious, is also among the most important and the most frequently overlooked.

But having the facts is not enough. Facts by themselves only tell us what is; they do not tell us what ought to be. In addition to getting the facts, resolving an ethical issue also requires an appeal to values. Philosophers have developed five different approaches to values to deal with moral issues.

### The Utilitarian Approach

Utilitarianism was conceived in the 19th century by Jeremy Bentham and John Stuart Mill to help legislators determine which laws were morally best. Both Bentham and Mill suggested that ethical actions are those that provide the greatest balance of good over evil.

To analyze an issue using the utilitarian approach, we first identify the various courses of action available to us. Second, we ask who will be affected by each action and what benefits or harms will be derived from each. And third, we choose the action that will produce the greatest benefits and the least harm. The ethical action is the one that provides the greatest good for the greatest number.

### The Rights Approach

The second important approach to ethics has its roots in the philosophy of the 18th-century thinker Immanuel Kant and others like him, who focused on the individual's right to choose for herself or himself. According to these philosophers, what makes human beings different from mere things is that people have dignity based on their ability to choose freely what they will do with their lives, and they have a fundamental moral right to have these choices respected. People are not objects to be manipulated; it is a violation of human dignity to use people in ways they do not freely choose.

Of course, many different, but related, rights exist besides this basic one. These other rights (an incomplete list below) can be thought of as different aspects of the basic right to be treated as we choose.

The right to the truth: We have a right to be told the truth and to be informed about matters that significantly affect our choices.

The right of privacy: We have the right to do, believe, and say whatever we choose in our personal lives so long as we do not violate the rights of others.

The right not to be injured: We have the right not to be harmed or injured unless we freely and knowingly do something to deserve punishment or we freely and knowingly choose to risk such injuries.

## While respecting and valuing the freedom of individuals to pursue their own goals, the common-good approach challenges us also to recognize and further those goals we share in common.

The right to what is agreed: We have a right to what has been promised by those with whom we have freely entered into a contract or agreement.

In deciding whether an action is moral or immoral using this second approach, then, we must ask, does the action respect the moral rights of everyone? Actions are wrong to the extent that they violate the rights of individuals; the more serious the violation, the more wrongful the action.

### The Fairness or Justice Approach

The fairness or justice approach to ethics has its roots in the teachings of the ancient Greek philosopher Aristotle, who said that “equals should be treated equally and unequals unequally.” The basic moral question in this approach is: How fair is an action? Does it treat everyone in the same way, or does it show favoritism and discrimination?

Favoritism gives benefits to some people without a justifiable reason for singling them out; discrimination imposes burdens on people who are no different from those on whom burdens are not imposed. Both favoritism and discrimination are unjust and wrong.

### The Common-Good Approach

This approach to ethics assumes a society comprising individuals whose own good

is inextricably linked to the good of the community. Community members are bound by the pursuit of common values and goals.

The common good is a notion that originated more than 2,000 years ago in the writings of Plato, Aristotle, and Cicero. More recently, contemporary ethicist John Rawls defined the common good as

“certain general conditions that are... equally to everyone’s advantage.”

In this approach, we focus on ensuring that the social policies, social systems, institutions, and environments on which we depend are beneficial to all. Examples of goods common to all include affordable health care, effective public safety, peace among nations, a just legal system, and an unpolluted environment.

Appeals to the common good urge us to view ourselves as members of the same community, reflecting on broad questions concerning the kind of society we want to become and how we are to achieve that society. While respecting and valuing the freedom of individuals to pursue their own goals, the common-good approach challenges us also to recognize and further those goals we share in common.

### The Virtue Approach

The virtue approach to ethics assumes that there are certain ideals toward which we should strive, which provide for the full development of our humanity. These ideals are discovered through thoughtful reflection on what kind of people we have the potential to become.

Virtues are attitudes or character traits that enable us to be and to act in ways that

develop our highest potential. They enable us to pursue the ideals we have adopted. Honesty, courage, compassion, generosity, fidelity, integrity, fairness, self-control, and prudence are all examples of virtues.

Virtues are like habits; that is, once acquired, they become characteristic of a person. Moreover, a person who has developed virtues will be naturally disposed to act in ways consistent with moral principles. The virtuous person is the ethical person.

In dealing with an ethical problem using the virtue approach, we might ask, What kind of person should I be? What will promote the development of character within myself and my community?

### Ethical Problem Solving

These five approaches suggest that once we have ascertained the facts, we should ask ourselves five questions when trying to resolve a moral issue:

- What benefits and what harms will each course of action produce, and which alternative will lead to the best overall consequences?
- What moral rights do the affected parties have, and which course of action best respects those rights?
- Which course of action treats everyone the same, except where there is a morally justifiable reason not to, and does not show favoritism or discrimination?
- Which course of action advances the common good?
- Which course of action develops moral virtues?

This method, of course, does not provide an automatic solution to moral problems. It is not meant to. The method is merely meant to help identify most of the important ethical considerations. In the end, we must deliberate on moral issues for ourselves, keeping a careful eye on both the facts and on the ethical considerations involved.





**If you have any questions  
about an article you've  
read in *Massage Therapy  
Today*, please send it to:**

**[info@omta.com](mailto:info@omta.com)**

I would like to commend you on your article "Professional Spring Cleaning" (by Amanda Baskwill, May 2008). It is about time this idea has been put in print and sent to RMTs. I have been an RMT for 13 years now. I am recently affiliated with the OSCEs and have my own clinic in Welland. I have been expressing my irritation at the lack of professionalism within the profession for many years. I agree with the point you made about higher education.

Also, RMTs always complain about not getting respect within the medical and public community. Respect needs to be earned. You made very good points about not disrespecting other professions. Also, what I find to be equally appalling is what some RMTs choose to wear! I would almost guarantee that at the final exams for the College of Physicians and Surgeons, College of Chiropractors, College of Physiotherapists, et cetera they are appropriately dressed. At our OSCEs we are lucky to see scrubs. It's usually track pants, running shoes, and dirty T-shirts. You want to be treated like a medical professional, LOOK LIKE ONE! I can only imagine what RMTs wear at their places of work.

Thank you for your article, it needed to be said."

—Beth Elliott

I read your article, "Professional Spring Cleaning," in *Massage Therapy Today*, May 2008 edition, with mixed feelings. I agree with you that higher education often garners greater respect, which we would like to receive from other health care professionals. And, one way to achieve higher education is through a degree-level health-related program. However, I assume it would be unrealistic for most practising RMTs to pursue.

I was able to attend university full-time after certifying as an RMT, but with a substantial drop in income. Not having children or a mortgage and having an employed spouse made it possible for me to pursue such an endeavour. I cannot imagine many RMTs would be in a similar position.

If you believe that RMTs should acquire a health-related degree, it would make more sense that they already possess one before being accepted into an RMT training program, not after the fact. However, that would affect the viability of most of the massage training schools, which rely on student numbers to stay profitable and therefore accept anyone who can afford to pay.

For those who cannot take the time to pursue a health-related degree but are interested in health-related courses, it would be helpful if there was a listing of courses or lectures offered by other health professions, or even massage schools, to enable RMTs to upgrade affordably. Many of the courses offered to RMTs for CEUs are technique-related as opposed to those that inform us of health issues and trends that we should be aware of (i.e., adverse treatment reactions for certain medications, new research into conditions we should be aware of, how massage plays a role in evolving health research such as in the field of psychoneuroimmunology). This may pique the interest of more RMTs, but it has to be affordable and available for RMTs to pursue without substantial financial loss.

And the recommendations need to be inclusive, not exclusive, so as to not further alienate and cause disinterest within the massage profession. Just look at the small percentage of RMTs who belong to the OMTA—a clear indication of disinterest. And how unfortunate, because they could be receiving *Massage Therapy Today*, which includes some very useful and informative articles that could enhance their practices and help them to gain respect from clients and other health care professionals.



Furthermore, I would like to know how you obtained your surprising conclusion that RMTs have “reluctance to ensure that their clients access the necessary and/or available services within the health care system” (pp. 16–17). My experience with some RMTs from whom I have received treatment was that they provide just massage treatment but no other form of care—the bare minimum. Others, like me, provide comprehensive and focused care extending beyond the actual treatment time. These client-focused inter-professional health care liaisons are time consuming but more satisfying with regard to client outcomes. I believe it is a mindset that distinguishes health care professionals from one another with regard to the level and quality of care. I believe this cannot be taught but could be scrutinized in the selection process when accepting students into training programs. Again, a process done before the fact, not after.

—Catherine Hachigian

*Dear Catherine,*

*Thank you for your thoughtful letter. The points that you raise, especially around the requirement of a degree for entry into massage therapy program, are interesting. Your experience of inter-professional health care illustrates perfectly how important this approach is for massage therapists as a health care profession. Although this approach can be time consuming as you mention, that you have seen it produce more satisfying client outcomes is excellent to hear. Hopefully, through your letter other MTs will consider this approach as valuable to their practices.*

*Sincerely,  
Amanda Baskwill*

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- Identify and approach potential authors to prepare the articles
- When necessary, follow up with an author to ensure the article is submitted on time
- Review articles submitted for relevancy to massage therapy and accuracy of massage therapy terminology and protocols.

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- Individuals who have no qualms about asking individuals to writing articles and following up with them to ensure receipt of their contribution; and
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## REFLECTIONS

# Who Versus What? Respecting your professional self

by Bre Plue

### Bre Plue RMT



Bre Plue graduated from D'Arcy Lane in 2001, and has since practised all over the province. She currently runs and owns a successful rehabilitative clinic in Orillia, Ontario. Her focus has now turned in a more political direction and she is hoping to be a part of the driving forces that are changing the face of the massage therapy profession. She is a community network coordinator, presenter, and educator working with the OMTA.

**W**hat do I do? Well, I run, read, involve myself in global efforts of poverty, am a horseback rider (or at least used to be). All of these activities add up to what I do in my life. Who am I? I'm a mother, a wife, a good human being (hopefully), and a Registered Massage Therapist. The difference of who we are versus what we are should be clearly defined and known by each of us. What we do is something that is easily evolved and changed, can adapt as who we are grows and develops. Who we are is represented every day as the core of our being, and is not so easily moved.

When we all chose to enter the field of massage therapy, I question whether or not we all fully understood what we were agreeing to. Did each of us search into our own personal code of ethics and abilities to determine if we could in fact become a massage therapist? Or did we simply get drawn into the lures of a great "job"—an interesting "what"?

As the field of massage therapy is moving forward, we are being challenged more and more to internalize our individual abilities, to help represent each other as a whole, and to move into our rightful place in regulated health care. Yet, as a whole I think we are all still confused as to when what we do becomes who we are.

Imagine your fourth grade teacher; imagine seeing her at the grocery store and being stunned as your parent calls her by her first name. This is an example of conceptualized professionalism. Someone who is so highly regarded as a professional, that even as a child

*Who Versus What continued on page 22*

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### **Responsibility**

Our ethical sense tells us that we need to keep our promises. We need to honour our commitments and be the kind of person and therapists that others can count on and depend on.

## **Ethical decision making involves thinking and reasoning as well as keeping a healthy distance from our feelings, when necessary, and learning to control and manage our emotional reactions.**

### **Diligence**

Diligent people are people who always do their best with every task at hand and are reliable, thoughtful, and prepared. Diligent people finish what they start and commit themselves to overcoming obstacles, rather than surrendering to them with excuses like “That’s just the way it is,” “It’s not my job,” or “Nobody else is doing it.”

### **Putting Values Into Practice**

In addition to employing the values of empathy, honesty, conscientiousness, self-control, respect, kindness, responsibility, and diligence there are also several practices that we can utilize to nurture our ethical sense and improve our professional judgement.

### **Valuing personal integrity**

If we do not value personal and professional integrity we will not pay attention to our ethical sense. We may in fact deny it, negate it, or even rationalize it away with a million reasons why we can’t pay attention to it—at least not right now.

We need to value integrity in ourselves and in others and strive to be people who live with integrity, using our ethical sense to guide our decision making.

### **Be knowledgeable and competent in ethics and professionalism**

Our ethical sense tells us that we need to take care of first things first and this means making sure that we are knowledgeable and competent in ethics and professionalism. We need to be knowledgeable about our code of ethics and applicable health regulations. We need to

keep abreast of books, articles, courses, and workshops on the subject and make a committed effort to continue to learn and be informed for the duration of our professional lives.

### **Make a commitment to lifelong learning**

Our ethical sense tells us that learning about ethics and professionalism is a lifelong process. We cannot just take the course, get the passing grade, and be done with it. We will never know everything that we will ever need to know regarding ethics and professionalism.

### **Develop skills and resources**

As noted earlier, we need to appreciate that a code of ethics and health regulation requirements will not always be enough. We need to learn to anticipate and almost expect the grey, and commit ourselves to developing skills and resources that help us navigate through it.

### **Appreciate that ethics is not common sense**

We need to appreciate that ethics and professionalism are not always the same as common sense. Clearly and indisputably, litigation statistics tell us otherwise. The very existence of a code of ethics and ethics committees also tell us otherwise.

We need to remember that ethical decision making involves thinking and reasoning as

well as keeping a healthy distance from our feelings, when necessary, and learning to control and manage our emotional reactions because we all have blind spots and momentary lapses in judgement.

### **Accept that we don’t know what we don’t know**

A closed mind is one of the biggest obstacles to personal and professional growth. So much of the time we think we know more than we do, and then we learn a little more about something and we realize that we really didn’t know as much as we thought we did. Remember the golden rule of learning: the more we learn, the more we need to learn.

### **Be open to learning**

We need to be sincerely open to learning. Sometimes we say we are open to learning but what we really mean is that we are open to having someone else corroborate our opinion and tell everyone that we were right after all.

### **Listen to our ethical sense**

We need to listen to our ethical sense. If our ethical sense tells us a particular behaviour is wrong, it’s wrong. It’s really okay for some behaviours to be wrong just as it’s equally okay for some behaviours to be right.

Although health professionals have the privilege of being able to use professional judgement, they also have the responsibility of ensuring that their professional judgement is used conscientiously to serve their clients’ best interests and that they keep their professional commitments. By taking some time to focus on the development of our ethical sense we can go a long way in improving our professional judgement.



through the Latin maxim *primum non nocere* (which translates to “first, do no harm”), often associated with the Hippocratic Oath. The concept of non-maleficence has figured prominently in many of the more well-known medico-legal debates, such as those surrounding euthanasia and abortion. It is not difficult to see how the duty of non-maleficence may pit the personal beliefs of individual practitioners against the wishes of their individual patients, particularly when one considers that even the definition of what constitutes harm can, itself, be infused by moral judgement.

### Honesty

The duty of truthfulness or honesty lies at the very core of one of the most important and basic foundations of the health care provider–patient relationship—*informed consent*. Patients cannot decide whether a proposed course of treatment is appropriate for them without fully understanding its risks and benefits as well

as the available alternatives. Patients visit health care professionals because of their knowledge, skill, and experience—expertise that the patient does not usually possess. Given the power imbalance that this creates in almost every health care practitioner–patient relationship, patients rely on professionals to be honest and forthcoming with relevant information that will assist their decision-making process.

### Autonomy

The principle of autonomy stands in direct contrast to the paternalism that historically governed health care provider–patient relationships. Autonomy represents the right to self-determination—an individual’s prerogative to make decisions about personal matters. In the context of health care, respecting a patient’s autonomy requires the medical practitioner to recognize that she or he may not agree with some of the patient’s choices and, further, that a patient’s treatment decisions may not always reflect the practitioner’s recommendations.

### Dignity

The concept of human dignity in the health care field requires professionals to recognize the inherent worth of individual patients as human beings. Health care providers who seek to accomplish this goal strive to treat their patients with respect and in a manner that seeks to maximize their autonomy and their capacity to express the qualities and characteristics that define what it is to be human. Treating patients with dignity also requires health care providers to view their health and well-being as inherently worthy goals as opposed to a means to some other end or objective.

### Conclusion

The statutes, regulations, and by-laws that govern health professionals and the standards, policies, and guidelines that inform them should be a practitioner’s first resource when deciding whether a proposed course of conduct is appropriate. When those materials do not speak to the practitioner’s particular situation, colleagues—particularly those in positions of seniority or those with greater experience—can be an invaluable source of guidance and advice, as can the practitioner’s professional association and regulating body. Although the ultimate accountability for any decision rests with the individual practitioner, health care providers may find it helpful to consider how the principles of beneficence, non-maleficence, honesty, autonomy, and dignity apply to a proposed course of action and to the consequences that one would reasonably expect to flow from that conduct.

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it's difficult to think of her as a separate person who doesn't actually live in your elementary school. Massage therapy needs to find a way so that we too can be regarded as professionals to the core.

How do we do this? How can we change our current appearance and perception in the public eye, and become who we are? For this we need united change and awareness as a profession itself. We need to realize our actions, words, dress, treatments, and personal activities all say something about ourselves as professionals and the world of Registered Massage Therapy as a whole. We are bound by clear ethical requirements and standards of practice while we are within our clinics and treatment rooms. Yet, once those walls are gone and our alarms safely activated, what ethical boundaries do we face within our social contract?

We should be able to find, like everyone else, freedoms of expression in dress, vocabulary, and activities. We too should be able to leave the daily stresses behind and kick back and relax. Yet where we do this and in what way significantly affects and challenges our ethical boundaries within the social contract we are all held to as regulated health care professionals. As professionals we are always being judged, watched, and rated by those around us. We have chosen to hold such titles, and along with these titles and advantages come responsibilities and social conscience.

In everything we do we must remember our professional integrity—our ability to remain as our clients would want to see us and how we want others in professional fields to regard us. Even in our downtimes we must honour who it is we've chosen to become; we must stay in contact with who we are as RMTs. This is not always an

easy task, yet socially we agreed to uphold this professional image in order to ensure that our reputation as a field remains in good public faith, and sought after as a reliable form of health care.

Careless actions, misjudgements, and disputed ethical decisions—even outside our professional hours—can drastically affect our practices, and eventually our personal lives. This is because society judges us by what we say, how we act, and how we show ourselves to the world. They judge us by the things that represent our core being, by the abilities developed, the actions of silence, and how we present ourselves in our seemingly most unnoticed moments.

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*Pamela Dand, RMT*

### \* \$6,000 in Cash Bonuses

\$3,000 - 6 months after hiring  
\$3,000 - 12 months after hiring  
12 month contract

# Registered Massage Therapists (RMT's)

The fact is Spa Utopia™ needs RMT's to keep up with the increasing demand for exceptional massage therapy treatments.

We have a growing, loyal client base and to service them, **we must hire an additional 15 RMT's** to an already existing qualified team of 55. Full-time positions are available in each of our 3 locations; Langley, North Vancouver and at the Pan Pacific Hotel, Vancouver.

With over 350 employees, and an extensive directory of services, Spa Utopia™ is B.C.'s largest and most beautifully appointed spa.

We are pleased to invite RMT's who want to pursue a career with the Utopia Group. Build experience, gain extensive education, enjoy extended health and dental plan, advancement, a positive and fun work environment and more - the time to apply is **NOW**.

Please send resume to

Langley location - [amy@spautopia.ca](mailto:amy@spautopia.ca) or fax: 604-533-8472

North Vancouver location - [diane@spautopia.ca](mailto:diane@spautopia.ca) or fax: 604-980-3922

Pan Pacific Location - [kevin@spautopia.ca](mailto:kevin@spautopia.ca) or fax: 604-641-1381



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& SALON

# **Education Worth Taking**

## **Fall Sessions:**

**Finance 101**

**Low Intensity Laser Therapy**

**Joint Mobilization**

**Evidence-informed Practice**

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Visit [OMTA.com](http://OMTA.com) for session details  
and to register!

