

The Golden Rule: Ethics for the IBCLC

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Assorted Ethical Musings

- Defining Our Terms
- All Kinds of Ethics
- What are the MBAs learning?
- What's Our Goal?
- Supporting Step Ten
- Gingerbread House Theory
- To Market to Market
- The Case of the Curious Headaches
- Writing Our Own Ethical Code

Defining Our Terms



What's the difference between...

- Scope of Practice
- Standards of Practice
- Policies and Procedures
- Code of Ethics.

Scope of Practice



What class are you taking?

Standards of Practice



What are the assignments within that class?

Policies and Procedures



What are the protocols for those assignments?

Code of Ethics


Aa Bb Cc Dd Ee Ff
Mrs Black's 5th Grade
Central Elementary

What are the rules within the classroom?

Code of Ethics



- Raise your hand – uniform standard of courtesy
- Don't fight – protects others physically
- Don't cheat – protects others non-physically
- Don't run with scissors – protects self
- Make your bed? – not relevant.




It is the best interest of the profession of lactation consultants and the public to serve. But there is a Code of Ethics to provide guidance to lactation consultants in their professional practice and conduct. These ethical principles apply the profession and underlie commitment and obligation of the lactation consultant to self, client, colleagues, society, and the profession.

The purpose of the International Board of Lactation Consultant Examiners (IBLCE) is to assist in the protection of the health, safety, and welfare of the public by establishing and enforcing qualifications of certification and for issuing voluntary credentials to individuals who have attained those qualifications. The IBLCE International Code of Ethics applies to all individuals who hold the credential of International Board Certified Lactation Consultant (IBCLC), Registered Lactation Consultant (IBLCE).

Principles of Ethical Practice


The International Board of Lactation Consultant Examiners (IBLCE) shall act as a monitor that will guide the actions of individual clients, provide public trust in the competence, and enhance the reputation of the profession. The International Board Certified Lactation Consultant, Registered Lactation Consultant is personally accountable for their practice and, in the exercise of professional accountability, must:

1. Provide professional services with objectivity and with respect for the unique needs and values of individuals.
2. Avoid discrimination against clients based on the basis of race, creed, religion, gender, social economic, age, and national origin.
3. Fulfill professional obligations in good faith.
4. Conduct herself/himself with honesty, integrity, and fairness.
5. Maintain the confidentiality of clients while fulfilling the objectives and maintaining the integrity of the lactation consultant profession.
6. Maintain confidentiality.
7. Base her/his practice on scientific principles, current research, and information.
8. Take responsibility and accept accountability for personal competence in practice.




Uniform standard of courtesy

4. Conduct herself/himself with honesty, integrity, and fairness.




Protect others physically

8. Take responsibility and accept accountability for personal competence in practice.




Protect others non-physically

6. Maintain confidentiality.




Protect self

9. Recognize and exercise professional judgment within the limits of her/his qualifications. This principle includes seeking counsel and making referrals to appropriate providers.




Not relevant

19. Withdraw voluntarily from professional practice if the lactation consultant has engaged in any substance abuse that could affect his/her practice...



Not relevant

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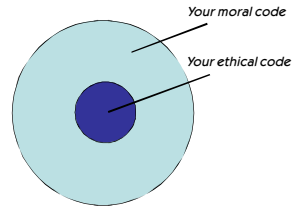


19. Withdraw voluntarily from professional practice if the lactation consultant has engaged in any substance abuse that could affect his/her practice...

That's because ethics and morals are not the same

Morals vs Ethics

- You can be an immoral person and still be a completely ethical breastfeeding helper. Ethics are your "job".
- You can't be moral and yet be grossly unethical. Morals are how you live your life overall.



Manners vs Morals

"The difference between manners and morals is that, with manners, if there are no witnesses it doesn't count." –

- "Miss Manners", 1984

Ethics vs Morals

The difference between ethics and morals is that, with ethics, if it's truly outside the relevant area it doesn't count.

Ethics: a moral jacket that we can rightfully put on and take off.

GOLDEN RULE

"Do unto others as you would have others do unto you."

GOLDEN RULE

"How would you like it if your sister bit you?"

The Platinum Rule

Do unto others as they would have you do unto them

But the Platinum Rule isn't what we're about

We have more information; we know the outcomes of poorer choices that the mom might prefer

The Golden Rule

when one side is in a protective role

Is there a universal morality?
If so, when does it start and why?

<http://video.nytimes.com/video/2010/05/04/magazine/1247467772000/can-babies-tell-right-from-wrong.html>

- “Babies possess certain moral foundations — the capacity and willingness to judge the actions of others, some sense of justice, gut responses to altruism and nastiness.”

— Paul Bloom, *The Moral Life of Babies*,
NYT 5/3/10

Moral foundations?

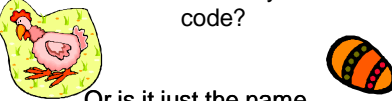
- “I ... wondered if perhaps ascribing a moral value to the puppets' behavior is unnecessarily complex. Might babies be looking for something much more basic: personal safety?”

- “If I know myself to be relatively helpless, I'm going to steer clear, to the best of my ability, of those who don't seem trustworthy or care-giving, and ally myself with those who do.”

- Our studies indicate that the behaviors behind moralistic actions may not need much training to develop, and seem to be very robust.

- But you're addressing whether social beings in general seem to prefer helpful rather than non-helpful behavior. You're describing the practical benefit that such a preference might give.

- All social species — especially those who are capable of extreme aggression — have mechanisms for preventing that aggression. Wolves have “morals.” Doves do not.



Is our basic "morality" a social code?

Or is it just the name we've *given* the genetic self-protection code of all social species?

Either way, there's a very thin line between our moral code and our desire for self-protection

The GOLDEN RULE
matters when one side is in a protective role...
or when one side needs protection

The GOLDEN RULE
not entirely selfless

Why be ethical?

- If everyone is ethical, everyone is uplifted
- If I'm ethical, in the long run I'll probably be better off.

ALTRUISM
= Giving entirely selflessly
But is there any such thing?

Animal Behaviorists
"We move toward pleasure and away from pain"

Animal Behaviorists
"We do whatever advances our own genes"

Animal Behaviorists
No true altruism

Indirect Reciprocity Hypothesis

If you scratch my back,
I'll get your lunch
(not an identical one-for-one
payback, but Golden Rule)

All Kinds of Ethics



Ashley's parents wanted to:

- remove Ashley's breast buds
- remove Ashley's uterus
- stunt Ashley's growth w/ estrogen.
- ensure
 - family-based care
 - a rich and loved life
 - far less cost to all.

The Ashley Treatment

"What matters in Ashley's life is that she should not suffer, and that she should be able to enjoy whatever she is capable of enjoying. Beyond that, she is precious not so much for what she is but because her parents and siblings love her and care about her."

- Peter Singer, bioethicist, Princeton University
in A Convenient Truth, New York Times, January 26, 2007

Medical ethics vary with the
situation

New occasions teach new duties,
Time makes ancient good uncouth.
They must upward still and onward,
Who would keep abreast of truth.

- James Russell Lowell, 1845

also Situation Ethics – Joseph
Fletcher, 1966

What are the MBAs learning?

- Everyone knows black and white. The real ethical dilemmas are grey.



What are the MBAs learning?

- Never do anything to tarnish your reputation.



What are the MBAs learning?

- Ask yourself: "Would I be comfortable making this decision a general rule?"



What are the MBAs learning?

- Ask yourself: "Would I be comfortable having my grandmother/mother know I made this decision?"



What are the MBAs learning?

- You must be ethical on a small scale in order to know how to be ethical on a large scale; be wary of taking small, insignificant steps toward an indefensible position.



What are the MBAs learning?

- A lot of being ethical involves simply being aware that there are ethical questions inherent in many things.



What are the MBAs learning?

- Have an internal measuring stick, and check it frequently.



What's our ultimate goal as breastfeeding helpers?



- Getting strokes?
 - That's always part of it
- Earning a living?
 - or at least a partial living?
- Furthering the profession?
 - ILCA
- Doing what's best for mothers and babies?

Who really owns breastfeeding?

- Medicine? Us? Mothers and babies?
- To what extent are we supposed to eliminate ourselves?

Should we be defending a niche...

- or do we owe it to mothers and babies to work toward the disappearance of our own niche?
- Are we meant to be longterm pharmacologists, endocrinologists, ENTs, allergists, etc?

HCP knowledge gap



*Is our job to fill the gap with our own careers?
Or gradually to help other HCPs close the gap with their own expertise?*

Who makes the decisions?

- "Check with your dr to see if he's comfortable with this"
- "If you're uncomfortable, check with your doctor"
- Informed consent? No, informed decision-making

IBLCE Code of Ethics

- 11. Provide sufficient information to enable clients to make informed decisions.

Who makes the decisions?

- Lawsuits are about powerlessness
- Childbirth educators and LLL Leaders are seldom - if ever - sued because they don't usurp the client's power.
- "I don't want to sue him. I like him."
(Malcolm Gladwell's "Blink")

Informed decision-making doesn't come from a conversation or a piece of paper. It is a long, subtle process.

Supporting Step Ten – a major part of that process



Ten Steps to Successful Breastfeeding

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour (hour) of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.
7. Practice rooming-in – allow mothers and infants to remain together – 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. **Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic**

Ten Steps to Successful Breastfeeding

Every facility providing maternity services and care for newborn infants should:

Step 10:

Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Step Ten is key to true breastfeeding success



Maybe the LC is like a psychiatrist...



And the group support leader is like a depression support leader

Each needs the other!

Most breastfeeding help is like helping a mom learn to make lunch for her child

- It's not exactly rocket science, and she'll learn a lot just watching her neighbors
- The dietician (IBCLC) is for times when basic knowledge, common sense, and cheerleading aren't enough
- If most mothers need a dietician, the problem isn't with lunch-making, it's with society, and that's where we need to put some of our effort.

Have we seriously overstepped our bounds?

Do we have an ethical obligation to start returning breastfeeding to mothers and babies?

Gingerbread House Theory

Keren Epstein-Gilboa



All businesses have their own best interests at heart, no matter what face they present

No such thing as pure altruism
Watch for this in yourself...
and in your workplace

Protocols

- A protocol allows everyone with a minimal knowledge base to behave in the same way.
- It is not a substitute for an expert knowledge base.

Protocols

- A protocol does not require much judgment.
- It may even substitute for judgment.

Protocols

- A simple, unvarying process may have a complex protocol.
- A complex, varying process must have a simple protocol.

Protocols

- A healthcare facility with multiple breastfeeding protocols may believe that breastfeeding management is a simple, unvarying process
- It isn't, of course. But the facility may hire and fire as if it is.

Protocols

- Beware the breastfeeding protocol, and write it so that it truly protects mothers and babies
- You may also be protecting yourself.

"Pharmaceutical Scientific Research Information dinner"

- Nice restaurant dinner
- Learn advantages of our DHA, probiotics, etc
- "All in breastmilk. And it's FREE!"
- "This is very disrespectful and rude. We respect you and your breastmilk; this is not respecting us."

Auestad N, et al (15 total authors)
Visual, Cognitive, and Language Assessments at 39 Months: A Follow-up Study of Children Fed Formulas Containing Long-Chain Polyunsaturated Fatty Acids to 1 Year of Age
 Pediatrics 2003; 112: e177-e183

Auestad, et al, 2003

"In conclusion, adding both DHA and ARA when supplementing infant formulas with long-chain polyunsaturated fatty acids supports visual and cognitive development through 39 months."

<http://pediatrics.aappublications.org/cgi/eletters/112/3/e177>

Auestad et al, 2003
 table 4

	Formula groups			Breastfed group
	Control	ARA/DHA	DHA	
IQ	103	101	99	108
Receptive vocabulary	97.3	96.6	95.1	99
Expressive vocabulary	3.6	3.7	3.9	4.2
Visual-motor index	2.18	2.93	1.91	2.4
Visual acuity	30.3	28.2	27.5	29

Auestad et al, 2003
 exchange at the WV WIC conference, 2007

"Do you have any studies that show that your new formula outperforms your old formula?"

"Umm... We'd have to get back to you on that."

Auestad, et al, 2003

"In conclusion, adding both DHA and ARA when supplementing infant formulas with long-chain polyunsaturated fatty acids supports visual and cognitive development through 39 months."

<http://pediatrics.aappublications.org/cgi/eletters/112/3/e177>

Auestad et al, 2003 reader response

"After reading this publication three times, I have to throw my hands up in disgust. The Conclusion is completely contradictory, and that the AAP publishes such a flawed study is laughable! I came to this article because it was cited in a June 1, 2003 article in the New York Times about formula additives. I don't know who is more at fault: the study's authors for its myriad flaws, the AAP for allowing its publication, or the NYT for citing it..."

Auestad et al, 2003 reader response

"I asked my 10th graders to read this study and give me their feedback, and they universally agreed that the conclusion was flawed. Several were also concerned that an industry rep (with competing interests) was on the research panel."

<http://pediatrics.aappublications.org/cgi/eletters/112/3/e177>

Richard Feynman's experience on CA math series selection, when requirements changed:

- "Wait! We can do it earlier and cheaper!"
- "Wait! We can too!"
- Now competing on basis of product
- Ultimately received series earlier...
- ...and for \$2 million less
- Companies prefer to compete based on goodwill and perks

Companies know:

it is far, far cheaper to peddle perks to the decision-makers in a field than to market a product based on product quality



Companies know:

we decision-makers are so easily bought!



<http://www.nofreelunch.org/faqs.htm#question2>

- “Gifts do share some characteristics with other types of advertising and promotion: Like other types of advertising, they cost money (patients’ money?) and also like other forms of promotion, they influence behavior.



<http://www.nofreelunch.org/faqs.htm#question2>

- “But there is an important distinguishing characteristic: Gifts, unlike other forms of advertising, create obligation, a sense of indebtedness, and a need to reciprocate...



<http://www.nofreelunch.org/faqs.htm#question2>

- “This has been called the ‘reciprocity rule’: When someone does us a favor (e.g., gives us a gift), we are expected to return the favor at some future time.
- [Indirect Reciprocity - You scratch my back, I’ll get your lunch?]



<http://www.nofreelunch.org/faqs.htm#question2>

- “Notably (and most relevantly in regards to pens and notepads), the sense of indebtedness is not related to the size of the gift (in other words, small gifts may produce an obligation to perform a large favor).”



<http://www.nofreelunch.org/faqs.htm#question2>

- “Further, there is not just an obligation to repay, but an obligation to receive (that is to say, turning down gifts is viewed somewhat negatively...)”



<http://www.nofreelunch.org/faqs.htm#question2>

- “This gift giving-receiving behavior is well studied by social scientists, and appears to be present in all societies.”



<http://www.nofreelunch.org/aboutus.htm>

- **“We believe that there is ample evidence in the literature—contrary to the beliefs of most health care providers— that drug companies, by means of samples, gifts, and food, exert significant influence on provider behavior.**



<http://www.nofreelunch.org/aboutus.htm>

- “There is also ample evidence in the literature that promotional materials and presentations are often biased and non-informative.

<http://www.nofreelunch.org/aboutus.htm>

- “We believe that health care professionals, precisely because they are professionals, should not allow themselves to be bought by the pharmaceutical industry:
- It is time to Just say no to drug reps and their pens, pads, calendars, coffee mugs, and of course, lunch.”

- We believe that there is ample evidence in the literature—contrary to the beliefs of most lactation consultants – that pump companies, by means of samples, gifts, and food, exert significant influence on LC behavior.

- There is also ample evidence in the literature that promotional materials and presentations are often biased and non-informative.

- We believe that lactation consultants, precisely because they are professionals, should not allow themselves to be bought by the pump industry: It is time to Just say no to pump salesmen and their tote bags, tearsheets, toys, free samples, and, of course, dinner.

- If I change the word “rep” to “sales department”, does what I’ve been doing still feel okay?



- Can I make the visual aid or handout myself, so it’s logo-free and obligation-free?

- How likely is it that I can outwit decades of marketing research and billions in advertising dollars, no matter what industry is doing the marketing?

• See nofreelunch.org

The Pharmacist and the Curious Headache Cases



The Pharmacist and the Curious Headache Cases

- If lots of headache prescriptions are required in Groton, is it ethical just to keep providing his service?
- Must he also look for the cause by using the information and contacts he has that his clients lack?
- If he’s ignored, has he done his ethical duty?

Maybe our ethics should be dictated by what is in the mother's and baby's best interests, pure and simple

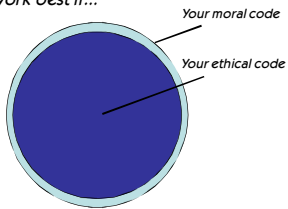
Writing your personal code of ethics, you may want to consider:

- The baby's needs
- The mother's needs
- The family's needs
- Your needs
- Your family's needs
- The mother's goals
- Your goals
- Your health care world
- The marketing world
- Your co-workers
- Your allies
- The wider world.

What are the MBAs learning?

People with empathy are more likely to be ethical.

It may work best if...



Remember...

- The Golden Rule
- James Russell Lowell's poem
- Situation ethics...
- And remember that all you need is love