Theory and practice in interprofessional ethics: A framework for understanding ethical issues in health care teams*

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Abstract
Interprofessional teamwork is an essential and expanding form of health care practice. While moral issues arising in teamwork relative to the patient have been explored, the analysis of ethical issues regarding the function of the team itself is limited. This paper develops a conceptual framework for organizing and analyzing the different types of ethical issues in interprofessional teamwork. This framework is a matrix that maps the elements of principles, structures, and processes against individual, team, and organizational levels. A case study is presented that illustrates different dimensions of these topics, based on the application of this framework. Finally, a set of conclusions and recommendations is presented to summarize the integration of theory and practice in interprofessional ethics, including: (i) importance of a framework, (ii) interprofessional ethics discourse, and (iii) interprofessional ethics as an emerging field. The goal of this paper is to begin a dialogue and discussion on the ethical issues confronting interprofessional teams and to lay the foundation for an expanding discourse on interprofessional ethics.

Keywords: Interprofessional, teamwork, ethics, theory, practice

Introduction
Ethics is, simply put, the study of what is good and bad, right and wrong, and of moral duty and obligation. It also includes the values and principles of conduct governing an individual or a group. In health care ethical issues are usually conceptualized as standards of practice linked to the dyadic responsibilities of individual providers toward their patients and each other as professionals. For example, the codes of ethics for all major health care professions in the US (such as medicine, nursing, social work, and pharmacy) address issues involving the relationship between care provider and care recipient, as well as that between individual providers. Some codes (such as nursing and social work) explicitly call for the responsibility of those providers to work collaboratively with other professions in the interest of improved patient care.
Despite this recognition by professional bodies of the moral responsibilities of health care professionals to act collaboratively, there is little discussion in the literature of the unique ethical issues encountered when a group of health care providers interact with each other. To practice teamwork, health care professionals need to have an understanding both of their own discipline and of how other disciplines function, their views of the patient, and their strengths and limitations. However, even this knowledge is not sufficient, as there will be disagreements between providers and disciplines. The efficiency of teamwork has to do with establishing ongoing methods to capture the strength of these disagreements, and to use this strength to increase the effectiveness of care. Further, the goals and rules of the organization need to support the efforts of the team at achieving this efficiency and effectiveness.

To approach this level of care it is necessary to address the ethical problems inherent in the way that team members interact with each other and their responsibilities for defining, developing, and maintaining the efficiency and effectiveness of the team. The ultimate goal of effective teamwork is better patient care that in ethical terms usually involves consideration of the principles of beneficence, non-maleficence, respect for autonomy, and justice (Beauchamp & Childress, 1994). However, the ethics of patient care does not exist in a vacuum, and it is influenced by interpersonal factors, professional obligations, organizational issues, and legal constraints (Melia, 2001). In order to think about the ethics of teamwork it is necessary for the reader to temporarily suspend thoughts of the patient, focusing solely on the function of the team. The purpose of this paper is to present a conceptual framework for organizing, categorizing, and analyzing the ethical issues encountered in interprofessional collaboration.

Background

Overall, the description and exploration of the multifaceted ethical issues confronting interprofessional teams has been restricted to teams in surgery (Bleakley, 2006), intensive care (Melia, 2001), and mental health (Mason et al., 2002). The limited literature on ethical issues in interprofessional teamwork includes discussion of the importance of recognizing the different values-related perspectives of the differing professions on the team (Childs, 1987; Clark, 1995, 1997; Jormsri, 2004), the ethical basis for interprofessional teamwork (Irvine et al., 2002), the core ethical topics for interprofessional education (Aveyard et al., 2005), and the need for teams to develop shared moral language, discourse, or reflection (De Wachter, 1976; Hermens & Ten Have, 2005; Irvine et al., 2004; Purtilo, 1988). There is also a more general literature on collaboration in the health care professions and its implications for the development of shared responsibility and accountability in teams (see Clark & Drinka, 2002 for a discussion).

Case study approaches and practical frameworks have also been developed to help recognize and address the ethical dilemmas that teams face in the clinical setting (Mezey et al., 2002). These approaches usually provide a set of factors or principles to be considered, along with the steps or processes to be used in reaching a decision about what to do in morally dilemmatic or clinically complex cases. At least one empirically-based ethical framework has been developed to understand the complexity of ethical issues in teamwork in the mental health setting (Mason et al., 2002).

Earlier work has failed to capture the complex dynamics of relationships between individual professionals and the team, on the one hand, and between the team itself and the organization within which it works, on the other. Some work focuses on the ethical importance of conflicts between individual professions on the team (e.g., Melia, 2001; Seedhouse, 2002), of clashes between professionals and the team or the health care
organizational setting within which they work (e.g., Carney, 2006; Mason et al., 2002), or of the relationships between the team and the organization (e.g., DiPalma, 2004). What is needed to move the field forward is a comprehensive model encompassing individual, team, and organizational levels that can be applied generally to teams across a wide range of health care settings and contexts.

Based on a review of the literature and extensive clinical and research experience in health care teamwork (Clark & Drinka, 2002; Cott, 1997, 1998; Drinka & Ray, 1987; Drinka & Streim, 1994), the authors propose a conceptual framework for organizing and analyzing different types of ethical issues encountered in interprofessional collaboration. This typology serves as the basis for exploring the range of issues that should be considered in the field of interprofessional ethics. An illustrative case study, based on the authors’ clinical experience, is presented. Discussion of the case includes identification and brief exploration of issues that coincide with categories from the conceptual framework. Finally, a set of conclusions and recommendations is presented to summarize the integration of theory and practice in interprofessional ethics.

Developing a conceptual framework: Structural elements, principles, and processes

A comprehensive conceptual framework for understanding the ethical dimensions of interprofessional teamwork includes three elements: (i) principles that suggest general guidelines for behaviour, (ii) structures (both formal and informal) that encompass established forms of knowledge and patterns of behaviour within an organization for individual and collective practices related to teamwork, and (iii) processes that are factors related to the procedural aspects of ethical practice, focusing less on “what is important” than on “how things are done” in the health care setting. There may be situations and settings in which these three factors overlap with each other, because they address different facets of the same issue. Further, these ethical dimensions can be analyzed at three different levels: (i) the individual, (ii) the team, and (iii) the organization (Carney, 2006; Drinka & Clark, 2000; Mason et al., 2002). In the following section we discuss each of these dimensions (also illustrated in Table I).

Principles

Moral principles suggest general guidelines for behaviour based on established ethical concepts considered essential for maintaining human relationships and communities. In the field of biomedical ethics, these principles are frequently invoked as a way to understand and resolve ethical dilemmas in clinical practice (e.g., Beauchamp & Childress, 1994).

Individual level. The individual level includes both personal and professional elements: the health care provider is both an individual person and a health care professional with an established discipline. Each health care provider should be guided by certain norms, principles, and responsibilities that reflect the individual’s personal background and professional education. With respect to the practice of teamwork, the individual has the following obligations: (i) to develop knowledge of oneself and competency in one’s own discipline as the basis for mutual respect among the professions on the team, (ii) to understand the norms and practice standards of the other professions on the team, and (iii) to master the basic knowledge and skills required for effective teamwork. The basis for
these responsibilities lies in the need for the individual to develop a foundation in the professional and teamwork competencies required for effective practice.

**Team level.** At this level, different members of the team still retain their personal and professional guidelines for conduct, but superimposed on them are new team-based expectations that may even bring members into conflict with their own or their profession’s precepts (Carney, 2006). Some commonly invoked principles governing interpersonal relationships in health care settings are respect, truth-telling, beneficence, and justice. Most health care professions have established codes of ethics that emphasize the responsibility of the provider to honor autonomy and self-determination, to be honest in relationships, to be motivated by beneficence (enhance well-being), and to promote fairness in health care

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<tr>
<th>Factors/Levels</th>
<th>Principles</th>
<th>Structures</th>
<th>Processes</th>
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<tbody>
<tr>
<td><strong>Individual</strong></td>
<td>Develop self and disciplinary knowledge as basis for mutual respect among team members</td>
<td>Develop standards of professional practice for personal relationships with other team members</td>
<td>Practise active awareness of respectful communication with other team members</td>
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<tr>
<td></td>
<td>Understand norms and practice standards of other professions on team</td>
<td>Acquire insights into basis for practice of other professions on team</td>
<td>Discuss controversies and problems with others</td>
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<tr>
<td></td>
<td>Master basic knowledge and skills required for effective teamwork</td>
<td>Establish a personal structure for teaching new members about one’s profession and role on team</td>
<td>Get to know and assimilate new members into teamwork processes</td>
</tr>
<tr>
<td><strong>Team</strong></td>
<td>Promote respect, truth-telling, beneficence, and justice in relationships with other team members</td>
<td>Integrate professional knowledge with other team members</td>
<td>Develop ethic of open communication and dialogue</td>
</tr>
<tr>
<td></td>
<td>Address communication and conflict problems</td>
<td>Develop integrated patient problem definitions and a structure for assessment and care planning</td>
<td>Arrive on time for team meetings</td>
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<tr>
<td></td>
<td>Develop understanding of differences in values, methods, and contributions of other team members</td>
<td>Promote and protect team as distinct structure</td>
<td>Develop and implement integrated patient care plans</td>
</tr>
<tr>
<td></td>
<td>Share responsibility for promoting team and accountability for its decisions and outcomes</td>
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<tr>
<td><strong>Organization</strong></td>
<td>Respect unique relationship between the team and the patient</td>
<td>Provide sufficient resource foundation for team</td>
<td>Support team development and function</td>
</tr>
<tr>
<td></td>
<td>Understand basic principles of teamwork</td>
<td>Establish evaluative structures for assessment of team’s work</td>
<td>Appoint facilitator to address communication and ethics issues and mediate team conflicts</td>
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<tr>
<td></td>
<td>Provide sufficient resources for the team to accomplish its work and fulfill its mission</td>
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resource distribution and decision making (e.g., American Medical Association, 2007; American Nurses Association, 2001; American Pharmacists Association, 1994; National Association of Social Workers, 1999).

Team members have a responsibility to promote these principles in their relationships with each other. In addition, they have a shared obligation to address communication problems and to constructively confront conflict that interferes with the team’s ability to work effectively on solving complex clinical problems. Developing a mutual understanding and integration of value differences among the health disciplines is a part of this duty. Team members need to learn about the other professions, how the methods and contributions of these providers relate to their own, and how to integrate different levels and styles of problem solving (Clark, 2006, Drinka & Clark, 2000).

Finally, ethical theory and practice tied to interprofessional teamwork increasingly emphasize the importance of shared responsibility and accountability of health care team members, both for each other and for the decisions made by the team (Clark & Drinka, 2002; De Wachter, 1976). This obligation includes: (i) the responsibility of each member for promoting and protecting the team as a distinct structure, and (ii) the shared accountability of each member for the team’s decisions and outcomes.

Organizational level. Ethical principles governing health care organizations are a recent development in the field of biomedical ethics, reflecting their growing importance in the provision and allocation of health care services. To some degree these may echo the principles governing individual behaviour. For example, Winkler and Gruen (2005) have suggested one set of principles that includes: (i) providing care with compassion, (ii) treating employees with respect, (iii) acting in a public spirit, and (iv) spending resources wisely. Related to teamwork, the organization should: (i) respect the unique relationship between the team and the patient as a part of the team approach to providing care, (ii) understand the basic principles of teamwork, and (iii) provide sufficient resources for the team to be able to accomplish its work and fulfil its mission. These responsibilities may be seen as being based on more general, foundational ethical principles of the organization to provide quality care in a compassionate and respectful environment.

Structures

Structures are established patterns of thought and behaviour within an organization for individual and collective practices related to teamwork. Research on ethical issues and teamwork has drawn attention to the importance of the social context within which moral dilemmas and the application of principles occur, the day-to-day environment in which providers work at the intersection of interpersonal, professional, organizational, and legal factors (Melia, 2001). These structures may be formal, based on established codes of practice and behaviour that are codified into rules and regulations; or they may be more informal, occurring outside the boundaries of memoranda, meetings, and medical records.

Individual level. Health care professionals are socialized into traditional and expected patterns and modes of thought and behaviour, including how individual patient problems are framed and addressed. Professional codes of ethics reinforce the expectations of behaviour for practitioners, and suggest frameworks for action that are congruent with a particular profession. The quality of a provider’s training and understanding of the importance of his or her role in the whole of a patient’s care forms the basic structure for an individual professional’s contributions to teamwork. Specifically, team members have
responsibility for developing standards of professional practice that form the basis for relationships with the other members of the team. These standards must be based on such principles as respect, truth-telling, beneficence, and justice, and they include acquiring insights into the basis of practice for other professions. In addition, current members should develop the personal structures needed to teach new members about professions and roles within the team.

**Team level.** As health care providers gain more experience in collaboration, a growing sense of loyalty to the shared practices and expectations that support the integrity and efficiency of the team should emerge. In addition, members have a responsibility for developing integrated patient problem definitions and associated care plans, ensuring that their collaborative efforts are meeting patients’ needs as efficiently as possible. For example, a team might develop a record-keeping system that enhances the team’s efficiency, but which conflicts with the record-keeping structures established by individual departments. Finally, members of the team have a responsibility for promoting and protecting the team as a distinct structure in the face of challenges from within or without.

**Organizational level.** Health care organizations have a responsibility to provide a sufficient resource foundation for teams to accomplish their mission. The organization’s allocation of resources reflects its level of support for ongoing team development and maintenance. For example, if the values of the organization are heavily weighted toward short-term economics, resources will not be directed at those factors critical for effective teamwork. Finally, the organization has a responsibility to maintain evaluative structures that ensure a fair and ongoing assessment of the team’s work, thereby promoting its efficiency and effectiveness.

**Processes**

The emphasis in procedural ethics is on the fairness of how problems are defined and solutions sought and implemented. In this process, the quality of communication and the degree to which conflicts are identified and addressed become centrally important. Processes can be conceptualized as the content or activities that occur within the structures previously discussed. Structures are the frameworks, processes are the actual actions within them.

**Individual level.** A core principle of procedural ethics is that we treat other persons as “ends in themselves” rather than as “means to another end”. That is, we should not use other persons to achieve our own goals or life-plans; rather, we need to treat them in a way that helps them to achieve their own goals as unique human beings worthy of dignity and respect. Consistent with this approach, team members should practise an active awareness of such processes as respectful communication with each other. In addition, members have an obligation to discuss controversies and problems with other, appropriate providers on the team. Finally, they also have responsibility for getting to know and assimilating new members into the expected processes that govern how the team works together.

**Team level.** In teamwork we require a “procedural ethic” or process that emphasizes the importance of moral dialogue, discourse, and reflection (Clark, 2006; Hermsen & Ten Have, 2005; Irvine et al., 2004). This demands open communication around the diverse values acquired in different professional socialization processes (Clark, 1995, 1997; Irvine et al., 2002). Clark (2006) and Drinka and Clark (2000) refer to these as the “value or normative maps” of different health care professions. Similarly, in complex clinical
decision-making situations, Moody (1988) has argued that we need a “communicative ethic” based on deliberation and negotiation and leading to improved communication, clarification, and consensus-building in dealing with the complex situations in which conflicts between ethical principles lead to difficult moral dilemmas.

The development of such a procedural ethic on teams has also been characterized by Thomasma (1982; cited in Purtilo, 1988) as the “moral education of interdisciplinary teams” to “bring about a concert of moral interests within a team” (p. 321). The development of a procedural ethic can be considered another core function to which teams need to devote time and resources in designing their teamwork process, and as a subset of the broader communication and conflict issues upon which teams are expected to reflect and improve.

Procedures governing teamwork may include such practices as arriving on time for team meetings, as an example of behaviour based both on the principle of respect and on the structural element of team rules or bylaws that require punctuality. The actual behaviour of developing and implementing integrated patient care plans is another example of such a procedural ethic.

Organizational level. The organization needs to be actively involved in the team’s development and ongoing function. This might mean appointing an appropriately experienced external facilitator to help the team and its leadership establish processes for communicating and exploring ethical concerns. The facilitator can support the team in promoting interactive communication among members from all disciplines, and dialogue between the team and the organization itself. The facilitator may help mediate team conflicts that cannot be addressed at the level of the team itself.

In summary, it is within a framework suggested by the three elements of principles, structures, and processes – operating at the levels of the individual, the team, and the organization – that an emerging interprofessional ethics takes shape. In the following section we apply this framework to a case study to illustrate how the various components can be used in a real-life situation.

Case study: Integrating a new team member into a community health care organization

This case involves ethical issues that arise in integrating a new team member, raising questions about relationships among members of the team, their roles and activities on and off the team itself. The case is based on a real-life clinical situation observed by one of the authors, and is presented here as an example of how the framework previously developed can be helpful in identifying the ethical issues in teamwork (Clark, 2002).

Personnel

Judy – recently hired as a team social worker.
Shirley – team registered nurse (RN).
Fran – social work supervisor (administrative team).
Carol – team facilitator (administrative team).

Situation

Judy, who had worked as a senior social worker in a mental health setting for 12 years, was hired as a team social worker in a community health care organization. Shirley, one of the
team RNs, perceived Judy as hesitant and ineffective in patient care planning meetings. Other team members also found Judy to be too hesitant in making decisions, often rolling their eyes when Judy asked team members for their opinions. Despite their concerns about Judy's hesitancy, team members complained when Judy did not consult them before making a patient care decision. As Judy experienced these mixed messages, she became more guarded in her social work assessments.

The interprofessional team on which Judy was placed had a culture of socializing together after work. Initially, team members invited Judy to join them, but she did not believe that socializing with colleagues was appropriate. In their socialization sessions the team discussed Judy's behavior, often noting that her mode of dress was out of style. Carol, a team facilitator, would occasionally join the rest of the team for a drink after work. Shirley complained to Carol that Judy was not doing her job. She also mentioned that the team did not like Judy, because she didn't socialize with them and wouldn't disclose information about her personal life as they all had done with each other. The nursing assistant and dietician saw Judy as being very unfriendly. Subsequently, Carol spoke with Fran, stating that Judy was a problem and she wasn't sure that Judy would work out in the agency.

In her monthly supervisory meeting Fran asked Judy how things were going with her team. As Judy's eyes began to tear she said that she was thinking of leaving. Judy said that she was confident in her mental health experience, but not her team experience. She said that she hadn't realized how hard it would be to work with a team, and commented that the team members kept comparing her to a former team social worker who was not liked by the team. Judy told Fran that the team seemed uncomfortable with mental health issues and that she was shocked when the team made derogatory comments about patients, i.e., that some were dirty and smelly or that the team couldn't stand certain patients. In her conversation with Fran, Judy said that the team had verbally chastised her for suggesting that a patient diagnosed by the internist as bipolar, might not be bipolar. Judy was upset that she had expressed anger at the team while defending her assessment. Now Judy wasn't sure what to do because someone had told her that once you were on Shirley's bad side that she would hate you forever.

Discussion

Table II summarizes questions raised by the application of the conceptual framework to this case. By framing these issues as questions, we intend to highlight the need for discussion based on teamwork ethics, because there may not be a simple answer to the complexities of interprofessional teamwork. The discussion that follows will be based on an examination of the principles, structures, and processes at each of the three levels. It does not include all the factors explored in the framework, but is intended simply to illustrate how the framework can be used to identify ethical issues and to suggest potential ways of intervening to address them.

**Individual level.** With regard to the principles that underlie personal and professional dimensions of teamwork, we can ask whether the team members really respect their own standards of professional practice in their relationships with other members of the team. In particular, do they respect Judy or social workers in general? As an expression of their own level of competency, do members of this team really understand mental health issues as they relate to their patients? Finally, from the perspective of their own professional responsibility, do the team members understand the practice standards of others on the team, and in particular those of a senior social worker?
Structural issues arise in considerations of whether the members of this team have put into place individual practice standards underlying the need for members to teach each other discipline-specific health-related knowledge as it relates to their patients. In addition, do the team members recognize their responsibility for sharing their own profession’s values with each other as a way of gaining insights into others’ backgrounds? Do they teach new members of the team about their own professions and roles on the team? These questions are based on the requirement of teamwork for agreed upon mechanisms for mutual sharing and understanding of the individual members’ knowledge and behavior based on their professional education and training.

Procedurally, this analysis raises questions about whether, in the actual processes of working together as a team, the members have discussed how each one represents a unique personal and professional view that is important for the team to recognize and respect. Have

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<tbody>
<tr>
<td></td>
<td>General guidelines for behavior</td>
<td>Established forms of knowledge and patterns of behavior</td>
<td>Procedural aspects of “how things are done”</td>
</tr>
<tr>
<td>Individual</td>
<td>Do team members respect Judy or social workers in general?</td>
<td>Do team members teach each other discipline-based knowledge?</td>
<td>Have team members discussed how each one represents a unique personal and professional viewpoint?</td>
</tr>
<tr>
<td></td>
<td>Do they understand mental health issues of their patients?</td>
<td>Do they recognize a responsibility to share their discipline-specific values?</td>
<td>Have they discussed how Judy differs from previous social worker?</td>
</tr>
<tr>
<td></td>
<td>Do members understand practice standards of others on the team?</td>
<td>Do they teach new members of the team about their own professions and roles on the team?</td>
<td>Do they show mutual respect in their communication, and are they doing so effectively?</td>
</tr>
<tr>
<td></td>
<td>Are team members taking individual responsibility for their actions?</td>
<td>Have team members discussed how each one represents a unique personal and professional viewpoint?</td>
<td>Are team members taking individual responsibility for their actions?</td>
</tr>
<tr>
<td>Team</td>
<td>Do team members base relationships on respect and beneficence?</td>
<td>Does the team have time at its meetings to discuss conflict and communication problems?</td>
<td>Has the team developed a shared moral language around interpersonal relationships?</td>
</tr>
<tr>
<td></td>
<td>Are they addressing communication and conflict problems?</td>
<td>Has it established standards for socializing of its members?</td>
<td>Why have team members not openly discussed ethical issues in socializing?</td>
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<td></td>
<td>Are their personal feelings interfering with responsibility to the team?</td>
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<tr>
<td>Organization</td>
<td>Does the organization recognize its responsibility to educate team members about ethical standards for socializing?</td>
<td>Does the organization have educational structures to ensure team member understanding of professional responsibilities of other disciplines?</td>
<td>Is the organization providing the team with time to discuss its processes of teamwork?</td>
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<tr>
<td></td>
<td></td>
<td>Does the facilitator have the necessary training?</td>
<td>Is the facilitator monitored and evaluated?</td>
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| Table II. Ethical issues in integrating a new team member into a community health care organization. |
they openly discussed how Judy as a person differs from the previous social worker? Does the behaviour of team members evidence mutual respect in their day-to-day work, especially with regard to open communication? Are Shirley and the other members of the team communicating effectively with Judy, or are they sending mixed messages? Importantly, these questions highlight issues of whether team members recognize their responsibility for their own actions, as well as their mutual accountability as professionals to each other. Are they really acting in such a way as to clearly take responsibility for their individual actions vis-à-vis Judy, or are they simply going along with the rest of the group?

Team level. The perspective of principles raises questions about whether the team members are basing their relationships with each other on principles of respect and beneficence. Are they really addressing the communication and conflict problems that seem to be emerging and interfering with their ability to deal with complex patients and their problems, or have they allowed their own personal feelings to interfere with their responsibility to the team itself?

From a structural standpoint, does the team have established time at its meetings to openly discuss how it should deal with conflicts and communication problems? Similarly, has it set up standards for socializing among members both inside and outside of work? Procedurally, we can also question to what extent this team has developed a shared language to explore moral issues that the team confronts, in this case around interpersonal relationships and expectations, and their meanings for each member of the team. Why have the members of this team not openly discussed the ethical dilemmas inherent in socializing with colleagues outside of work?

Organizational level. Health care organizations have a responsibility to provide sufficient and appropriate resources to teams so they can accomplish their mission. The organization should support interprofessional principles in effective teamwork functioning; for example, with regard to educating all members of the team about the need to develop ethical standards about socializing with other team members outside of work. From a structural viewpoint, we might ask whether the organization has in place educational structures (e.g., programs or consultations) to ensure that team members fully understand the professional responsibilities of other disciplines. We might also ask to what extent Carol, the facilitator assigned to the team, has the necessary training to accomplish her assignment, particularly with regard to identifying and addressing the ethical issues surrounding this team. Furthermore, from the procedural perspective, it is not clear that this team is being afforded the time it needs to devote to discussing its internal processes regarding communication among its members. Finally, we might ask whether the facilitator is being adequately monitored and evaluated in her work to maximize the effectiveness and efficiency of the team.

Summary

Applying the conceptual framework (Table I) to this case study can stimulate and expand thinking about ethical issues that might otherwise be overlooked. For example, the framework may be useful in identifying potential intervention points to address a problem on an interprofessional team. One of the major reasons that many clinical teams do not survive over the long term is that these principles, structures, and processes are not put into place to address the ethical issues that inevitably arise. In this case study, it seems as though the informal structures and processes of the team have taken over from formal processes. The members seem to be conducting team business in their socializing sessions instead of in
more formal work environments, where it can be directed by professional values and responsibilities, not by gossip about each other on a personal level. To what extent are the individuals, team, and organization taking responsibility for ensuring that informal processes do not supersede formal processes?

Conclusions and recommendations

The development of a proposed framework for conceptualizing ethical issues arising from interprofessional teamwork, and its application to a clinical case study, is a first step toward defining and exploring the field of interprofessional ethics. The following set of conclusions and recommendations is intended to summarize the implications of this work for achieving these goals and to provide a set of principles guiding future developments in this emerging area.

The importance of a framework

The field of interprofessional education and practice is beginning to recognize the need for greater conceptual clarity and theoretical sophistication, so it is an opportune time to develop a comprehensive framework that will help to delineate issues and chart areas for further exploration in interprofessional ethics. Any useful framework must be applicable to a wide array of teamwork contexts, and incorporate the key elements found in the literature and clinical practise of principles, structures, and processes. An examination of these factors at the three levels of individual, team, and organization reveals particular areas of conflict at the interfaces between the individual and team levels, and the team and organizational levels.

Interprofessional ethics discourse

At the same time as the importance of multidimensional frameworks is recognized, it is necessary to acknowledge that furthering the discourse on interprofessional ethics is itself essential. By this we mean the characterization of issues arising in interprofessional teamwork as ethical ones, as concerns that raise significant moral questions. For example, as the need grows for organizational principles in support of team-related functions, there will have to be more attention paid to the moral obligation of provider organizations for the teams within them. By invoking the language of rights and obligations, we have added a new dimension to the important discourse on teamwork and interprofessional collaboration.

Interprofessional ethics as an emerging field

With the establishment of a structure and the development of a language for a discourse in the field of interprofessional ethics, it is time that the unique moral dilemmas arising from collaborative teamwork in health care settings become recognized. As recommendations for expanded teamwork practice grow and the reliance on collaboration across care professions and within varied settings increases, it is evident that new moral questions will have to be asked and answers found. These questions are qualitatively different from those that are typically addressed within the biomedical ethics frameworks currently available to us. Changing patterns of health care practice often create new moral dilemmas and ethical concerns, and such is the case with interprofessional teamwork. It is time to embrace these issues and develop new ways of addressing them.
References


