PROFESSIONAL CODES OF ETHICS

A Study of the Judicial Viability of the Codes of Ethics of Medicine, Social Work, and Librarianship

by

Rosemary Brown
Walter Paul Fritz Hoffmann
Patricia McLean Humphrey
Douglas Terrence Thompson

Thesis Submitted in Partial Fulfilment of the Requirements for the Degree of MASTER OF SOCIAL WORK in the School of Social Work

Accepted as conforming to the standard required for the degree of Master of Social Work

School of Social Work
1965

The University of British Columbia
In presenting this thesis in partial fulfilment of the requirements for an advanced degree at the University of British Columbia, I agree that the Library shall make it freely available for reference and study. I further agree that permission for extensive copying of this thesis for scholarly purposes may be granted by the Head of my Department or by his representatives. It is understood that copying or publication of this thesis for financial gain shall not be allowed without my written permission.

School of Social Work

The University of British Columbia,
Vancouver 8, Canada.

Date May 5, 1965
Abstract

Traditionally, one of the major characteristics of established professions such as medicine and law has been the possession of a Code of Ethics. The last three decades have seen the formulation of Codes of Ethics by many new professions and semi-professions as well as by many of the service occupations. In view of the intense concern of these professions, semi-professions and service occupations with the formation of codes of ethics, we set out to examine the codes of three professions to ascertain their functional significance both to the professions themselves and to the public.

The rationale for the choice of the three professions of Medicine, Social Work, and Librarianship lay in their being professions whose codes of ethics were in different stages of development. A theoretical framework formulated in the first chapter was used in the following three chapters to examine the judicial viability of the codes of ethics of these professions. As main features of this analysis, we considered the formulation, promulgation, administration, review and revision procedures, jurisdiction, and implications for social policy of the codes.

On the basis of the analysis and discussion of the codes of ethics studied we drew the conclusion that many of the existing codes are, to a great extent, deplorably non-specific and even rhetorical. It would therefore seem to be desirable that some measures should be taken to improve the judicial viability of these Codes; and we have made a number of recommendations calculated to achieve this end.
Acknowledgments

Grateful acknowledgment is made to Mr. Adrian Marriage, assistant professor of the School of Social Work, who supervised this thesis, and whose imaginative suggestions and critical appraisal made this study possible.

We also wish to acknowledge the following people whose assistance was invaluable: Mrs. Lois Bewley, President of the British Columbia Library Association; Miss Eleanor Bradley, Instructor of Preventative Medicine and Social Work, Child Study Centre, University of British Columbia; Dr. William C. Gibson, Head of the Department of History of Medicine and Science, University of British Columbia; the late Dr. Lynn Gunn, Registrar of the College of Physicians and Surgeons of British Columbia; Mr. Ronald Hawkes, President of the British Columbia Association of Social Workers; the late Dr. Kasper Naegele, Dean of Arts, University of British Columbia; Dr. Samuel Rothstein, Director and Professor of the School of Librarianship, University of British Columbia; and Dr. Hildegarde Spaulding, Librarian, Woodward Library, University of British Columbia.
## TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>THE FUNCTION OF THE CODE OF ETHICS IN THE ORGANIZATION OF THE PROFESSIONS</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>II.</td>
<td>THE PROFESSION OF MEDICINE</td>
<td>55</td>
</tr>
<tr>
<td>III.</td>
<td>THE PROFESSION OF SOCIAL WORK</td>
<td>91</td>
</tr>
<tr>
<td>IV.</td>
<td>THE PROFESSION OF LIBRARIANSHIP</td>
<td>164</td>
</tr>
<tr>
<td></td>
<td>Library associations. Certification. Codes of Ethics. The Library Bill of Rights. The Freedom To Read. Other Canadian statements of professional responsibility; The Librarian's professional Credo. Professional conduct as seen by the Institute of Professional Librarians of Ontario. Summary.</td>
<td></td>
</tr>
</tbody>
</table>
V. CONCLUSIONS AND RECOMMENDATIONS FOR IMPROVING THE USEFULNESS OF PROFESSIONAL CODES OF ETHICS


APPENDICES:

A. Social Work Codes of Ethics of 1938, 1956, and 1964

B. The American Library Association Code of Ethics, the Library Bill of Rights, the Freedom to Read, the Librarian's Professional Credo, and some statements of professional conduct for librarians issued by the Institute of Professional Librarians of Ontario

BIBLIOGRAPHY
Professional Codes of Ethics

A Study of the Judicial Viability of The Codes of Ethics of Medicine, Social Work, and Librarianship
CHAPTER I

THE FUNCTION OF THE CODE OF ETHICS IN THE ORGANIZATION OF THE PROFESSIONS

Introduction

Professions may be seen as subgroups of a society. As such, they are influenced by the social system, and it, in turn, is influenced by them. In contemporary industrial societies in particular, the professions are, without doubt, of the outmost structural significance.\(^1\) The simultaneous development of professionalism and industrialism in recent history almost certainly arises from a critical functional relationship between the two.\(^2\) This fact, coupled with the influence which professions have on the well being of a society, has stimulated a powerful and understandable interest in the subject.

The present study will focus on codes of ethics as part of the process of professionalization. Such codes are seen as a written formalization of past decisions arrived at for the regulation of the behaviour of present day pro-


\(^2\) Ibid., p.34. Only the profession of law was well developed in the Roman Empire. But in no other society have there been so many professions so highly developed as in our industrial society.
fessional persons, and also as a guide for the future conduct of the business of the profession.

Sociologists have long been concerned with the functions of professions because of their "key role" in society. The fact, however, that up to three hundred years ago there were but three professions - law, the clergy and medicine - has made it exceedingly difficult to render an account of the other and newer professions. No clear distinction has been successfully made between what is "essential" and what is mere traditional pattern. Much of the sociological analysis has concentrated on a priori definitions. In too few cases have empirically based typologies been used. Thus, many of the problems and issues discussed in the relevant literature of social science are uncertainly stated or altogether spurious.

Probably the only way to avoid these dangers of academic question-begging is by addressing oneself to highly specific and manifestly consequential problems, and by deferring the development of ambitious classificatory schemes until convincing solutions are available for those problems. It is in this vein that we have attempted to deal with the matter of professional codes of ethics. Thus we are concerned with such questions as: Has a given profession a code of ethics? Why did one profession develop a code while others did not? Are there means other than a code of ethics to formalize control within an organization or association of professional persons? What judicial mechanisms are em-
ployed to enforce adherence to the code of ethics?

The main problem to be studied in this thesis is the operability of codes of ethics. The choice to study the professions of medicine, social work, and librarianship was a deliberate one. The professional organizations of medicine have self control in the professional sphere by their authority to licence practitioners. The control mechanisms are institutionalized. Social work has established nationally and locally professional organizations. However the profession has no authority over the right to practice. The control to enforce adherence to the code of ethics lacks legal sanctions. The profession of librarianship has established a national organization just recently. A provincial organization has not yet been established in British Columbia. No written code of ethics has been agreed upon. But statements of policy and proper conduct exist which contain many features frequently found in codes of ethics. In summary then we have chosen medicine because it possesses legal sanctions to control adherence to the code of ethics. Librarianship has been included in the study because it has not yet codified its principles and standards of practice. Finally social work is part of this study because it is the profession of main concern to the writers. It also appears to be between librarianship and medicine in the process of institutionalization of the code of ethics, as a mechanism to control the members of the professional organization.

The first chapter is an attempt to develop a frame-
work for the discussion and analysis of the operability of codes of ethics. The function of codes in the organization of the professions is the theme of this chapter. Chapters two, three, and four deal with the codes of ethics of medicine, social work, and librarianship respectively. In each chapter will be discussed and critically analysed the operability of the code of ethics or its equivalent. Because of the differences in the professional organizations of the professions chosen, the emphasis shifts in each chapter. In medicine we shall emphasize the adoption of mechanisms of control to guide and direct the members of the profession in a fast changing world. In the chapter on social work the emphasis will be on the institutionalization of administrative and judicial procedures. Attention will be paid to the difficulties encountered by the British Columbia Association of Social Workers. In the chapter on librarianship the emphasis will be on the discussion and analysis of "policy statements" and "statements of proper conduct". In the fifth and final chapter we shall state which features are important in rendering a code of ethics operable i.e. what constitutes a working code of ethics.

**Professional Development in Industrial Society**

A society is a group of human beings cooperating in the pursuit of many of their interests.¹ It may also be described as a complex network of interrelationships between

men. A certain behaviour pattern grows out of this relationship. In families and in small groups the individual is particularly sensitive to the actions and gestures of his intimate associates, and this leads generally to a degree of self restraint. Thus, one may say that within the small group a high degree of informal control exists. Perpetuation of the interrelationship leads to conventional forms of behaviour, which will make it appear to be "normal" to the group. Such behaviour patterns become an institution.

An institution may be described briefly as a network of relatively continuous or permanent interhuman processes and relationships. These initiate and maintain connections between persons and groups within a plurality pattern for the purpose of preserving the latter or otherwise serving its interests. Control over institutions differs. In small groups we find a high degree of informal sanctions on behaviour, while in "mass" society in addition many formal sanctions exist which involve recognized rules, formal procedures for their application and a structure consisting of persons acting in office. The highest degree of institutional, i.e. formal control is the law. It is interpreted by the

---


2 Informal control is also found in crowds, aggregates, audiences, etc.

courts and executed by police powers.

The family of early agricultural society pro-created, nourished and socialized its offsprings to the degree that they could take over their role as adults in society. There were only a few other institutions. A plurality of institutions developed when more relationships occurred outside the family. This state exists in industrial society. Here many special institutions take over roles formerly performed by the family. Such specialized institutions are education (general and vocational), occupations, health and welfare services, libraries, etc. All these specialties support and complement the family institution, but often they are also competing with the family institution for a certain amount of influence over or loyalty from the individual.¹

In the economic field specialization has also evolved. In the early agricultural society the family was the economic unit of production and consumption.² In the industrial society the family is reduced to a unit of consumption. The activity of production has become a complex pattern of interrelated, highly specialized institutions. The separation between occupation and kinship is greatly increased and frequently complete. The control which was collective in the family has now become formalized in many areas of living.

¹ For example, a man may devote all his time to education and neglect family relationships.

Increased production gave man more leisure time, some of which he used to find new solutions to his problems. In this process more and more knowledge was accumulated.  
This knowledge and increased numbers of educated people lead to increased scientific discoveries. Most frequently, the initial interest in science was based on the desire to solve practical problems. The search for practical solutions often stimulated further study which led accidentally to pure scientific research. This, in turn, often led to the development of new professions, as was the case with chemistry.

On the one hand, new inventions lead to the development of new skills which give birth to new professions. On the other hand, increased employment in the field of science leads to new inventions and adds to the available knowledge. The pattern is interdependent and differs within a wide range. The important point to be made here is that changes in one area stimulate changes in others. The search for knowledge has become a way of life, it has become institutionalized as science. In science man uses a rational approach to solve his problems instead of depending on traditional approaches or on trial and error methods. This rationalistic approach is typical for industrial man.

As the cost of research increases and the number of specialists multiplies, only large organizations can afford to support scientific research. Large scale pro-

---

duction with the use of power machinery, wide markets, and specialized working forces with intricate divisions of labour are needed to apply science. Urbanization facilitates marketing and provides services for the large labour force and their families. The urban centres, as well as large economic enterprises, need an efficient system of coordination and administration, a bureaucracy, which is another significant characteristic of industrialism.

Automation is speeding up the trend to bigness. The great organizations become more efficient by increased division of labour, i.e. ever increasing specialization and increasing mechanization as well as increased use of power. It is expected that many new professional occupations will develop, and old skills will be upgraded to professional vocations. Bureaucracy will increase in complexity in order to administer and coordinate the ever larger organizations of specialists.

A great number of men will be shifted from manual to brain work and from production to service occupations. Such service professions as medicine, social work, librarianship, education, etc., will have to increase their services to keep up with the demands of a more affluent society. In

1 Fairchild, op. cit., Other major features of an industrial society are highly developed communication and transportation systems.

such a society a greater number of people ask for more frequent and a greater variety of services. Because working hours are reduced, more time is available to enjoy the amenities provided by these services. Many of these were restricted to the privileged members in a less industrialized society. Other services can only be provided by an industrialized society. The above are a few reasons why the number of professions, as well as the number of people engaged in professions, is increasing. Specialities evolve in most of the professions. As the division of labour will experience great acceleration with automation so will the process of professionalization.¹

One of the best known cases of specialisms developing from a single profession is that of the medical practitioner of the late Nineteenth Century. The office of the general physician, which served "as a clinic, medical school, surgery, and laboratory, is today but one among many institutions concerned with healing."² The Royal College of Physicians and Surgeons presently recognizes thirty specialisms.³ In addi-

---

¹ A shift to more services and better quality of services is presently observed in the U.S.S.R. also. This could be an indication that such changes are due to the particular stage of industrialization rather than any particular political philosophy. *Time (Canada ed.),* Feb. 12, 1965, 23-26. Russia Borrowing from the Capitalists.


tion, auxiliary professions, such as X-ray and laboratory technicians, physiotherapists, etc., are engaged in healing activities. Technical professions, such as engineering, show the most rapid development of specialization.

In summary, we find in industrial society a greater number of professions with a higher degree of specialization within each profession than in any previous society. The number of professional people increases not only because there is a greater variety of occupations but also because there is a greater demand for their services in an affluent society.\(^1,2\)

The rapid increase in the number of professions and the increase in the absolute number of professional people may warrant special attention.\(^3\) However, it is not the mere number of professional people which lends them importance in an industrial society. In fact, the number of professionals remains relatively small in comparison

---

1 Services are also increased in non-professional service fields. Since these do not directly concern the subject of this study, they have been excluded from the discussion.


3 Talcott Parsons, *Structure and Process in Modern Societies*, Glencoe, Illinois, The Free Press, 1960, p. 288. There seems to be little doubt that the major trend of society is towards an increasingly important role for the professions generally.
with the total number of people in the labour force.¹

Professions are important in an industrial society because its efficient functioning depends largely on the smooth functioning of the professions.² The professions are the creators and stewards of scientific knowledge and practice.³ This knowledge must be applied, communicated and perfected. It is in such functions as these that the importance of the professions in society generally lies; and they account for a considerable part of the interest the social scientist has in the subject - not least, that aspect of the subject which deals with the organization of control of the professions.

**General Control Mechanisms of Societies**

In this study the main emphasis is on codes of ethics thought of as a control mechanism. But before this mechanism is considered, it may be advisable to review briefly some of the general forms of social control. First, controls in non-occupational fields, second, controls in occupational fields, and third, controls specific to professional occupations will be examined. For purposes of

---

¹ Ibid., pp. 285-286.

² It may be argued here that garbage collection is as important. Although this is true, a professional person may function well as a garbage collector, if need be, while a garbage collector would find it more difficult to function in any of the professions.

convenience, this review is set out in the form of a stylized account of the socialization process from childhood to the pursuit of a professional career.

A child growing up in his family is socialized by it; that is a child learns to feel love and loyalty to his family, his primary group. He internalizes the important values and attitudes and will then consider them his own. If the family is well integrated with the community, the values and attitudes vary but little. However, the child has to incorporate the difference in attitude and values which are appropriate for the family (the insiders) as compared to the attitudes and values appropriately taken towards other members of the community (the outsiders). Certain members of the community, such as uncles and cousins, expect to be related to and will relate to the child in a manner appropriate to their family relationship with the child. These relatives will at times be considered "insiders", at other times "outsiders". Then there are people such as neighbours, family friends and clergy, who require differential relationships. To describe the different structures of relationships between people sociologists frequently use

---

1 Lundberg, Schrag, and Larsen, op. cit., p. 226. Similar accounts are found in most family and general sociology textbooks. The ideal, uncomplicated case is sketched here with the understanding that it exists in the abstract only.
the concept of "role".  

Utilizing this concept, one may state that the child learns to take appropriate roles. In time he also learns how other people will reciprocate when he acts a certain role towards them. This anticipation influences his own role performance. The process of socialization, or learning to take roles, is guided at first by the family, later by the community, and finally by the society at large, and perhaps by other societies. Many groups and institutions, besides the family, participate in this process. The more important ones are the school, church, peer group, social agency, professional people and economic institutions. In addition every other person or group the child meets, hears or reads about or comes in contact with by any of his senses participates in socialization.

A person is socialized by the society and its total culture. If he wishes to succeed in his culture, he must

---


2 Werner Boehm, "Role, then describes the activities and tasks which an individual is expected to perform by virtue of his membership in social groups and his participation in social institutions," cited in Harleigh B. Trecker, New Understandings of Administration, New York, Association Press, 1961.

3 The concept of "role" is borrowed from the stage where a person plays the role prescribed according to the script of the play. But real life is not a stage and no script exists. The term may therefore lend itself to the familiar errors and fallacies of analogy. In spite of these and other short-
learn how other people perceive his role in any given situation. Much of this learning process occurs by trial and error. Furthermore, man has learned to accumulate and transmit knowledge and customs developed by his forefathers to his offspring by the written and spoken work. Although the family remains the major socializing agent, other institutions take this function in special fields. The school is one of these specialized agencies. It has the formal function of transmitting general knowledge as well as basic methods of learning necessary to acquire specific knowledge, which is needed for professional acculturation.

The child generally learns more about his culture than his parents have ever known since knowledge is increasing rapidly and parents usually learn selectively according to their own special interests after they leave the formal education process. Thus, part of the child's self concept is derived not from his family's authority but from the authority of specialists, generally professional people. Teachers are probably the first professional people with whom he has a prolonged relationship. They acquaint him with the attitudes and behaviour of professional persons. He will become acquainted with the teacher's professional role and the many other roles a teacher may take. A succession of teachers will make the child aware of the fact that all teachers are somewhat alike in their ways of doing things comings, however, the role concept will be used here because no better means of communication was available.
and discharging their duties. He also learns that each person, while taking the role of a teacher, has some esoteric knowledge as well as idiosyncratic attitudes and values which the child must somehow consider when interacting with each teacher in his role of student. He also learns to compete with his peers. He becomes aware that there are formal and informal rules which govern each role performance.  

By the time the pupil graduates from high school he has learned to distinguish between the specific authority of professional people and the general authority of his parents. He has had some contact with the economic as well as with the occupational structure of society. In his role as a customer, he has learned some basic facts about the economy. Taking a sparetime job may have taught the youth something of the relationship between the effort expended and its remuneration. If he lives in a well-to-do family, he has had some contact with employees. In any case, he will have taken some role in the occupational field or had contact with people in such roles.

Reading in newspapers about strikes and men being dismissed for inappropriate role performances, he has learned something about control mechanisms. He knows that strawberries are cheapest when in season and that shops sell

---

1 Anselm Strauss, ed. The Social Psychology of George Herbert Mead, Chicago, The University of Chicago Press (Phoenix Books), 1934 and 1956, especially Part Four, Five and Six, which deal with "Mind, Self and Society".
similar merchandise at varying prices. The youth also knows
which soda fountain makes the best sundaes or floats and gives
it his patronage. In general, he learns that there is com-
petition in the business world for the patronage of the cus-
tomer. Some of this competition is for money in his pocket,
other competition is for his long time patronage. He knows,
too, that men working for wages must satisfy their employ-
ers or they risk to lose their jobs. All these facts are
hazed by intervention of cooperatives, trade unions, associ-
ations, organizations, special interest groups, etc.

The youth knows he has to pay the grocer and he
has learned to ask the garage man how much the repair bill
on his bicycle, motor cycle or car will be. He has also
learned the control money has over the purchase of goods and
services.

His contacts with professional men have given
him a different kind of experience. His parents did not
ask the doctor for the price of his tonsilectomy. The money
was probably not paid directly upon service. Nor is the
youth likely to have observed his parents shopping around
for the best tonsilectomy or haggling over the price of it.
The doctor may have asked him questions about the regular-
ity of his stool, urinary difficulties, sexual intercourse,
serious conflicts with parents or siblings and/or other very
personal questions. The doctor also may have given orders
about his food, school attendance, etc. All this was done
by the authority vested in his role as a doctor. As such
he has partially controlled the life style of the family, perhaps even changed the roles of family members, for instance, the father's from the role of head of the family to that of patient. In short, the professional person has in his role as health preserver great authority to direct role performance of other members in society.

Our high school graduate probably had contact with other professional people, such as dentists, pharmacists, librarians, nurses, social workers, and a score of others. The formal knowledge of the functions of these professional people helped him to relate to them. In appropriate role performance on his part brought some measure of coercion or enticement to conform. All these professional people have had a certain degree of control over his behaviour.

During the process of socialization, a person learns the rules of approved, tolerated and disapproved interaction with other members of the society. He is taught the different degrees of power one role carrier has over another. He also learns the punishment which is to be expected for inappropriate role performance. Press reports deal frequently with doctors' activities, usually passing judgment on the appropriate role performance of the professionals involved. The role performance of lawyers is also widely discussed by our mass media. Social workers and librarians are less publicized. However, a student can hardly graduate from highschool without coming in contact with librarians and thus
having some intermeshing of roles with some of them. Social workers, in our society, have contact with a youth only if he runs into difficulties with the controls of society or if his family had a breakdown in social functioning.¹

One may state then that the acquaintance with some of the professional roles is a certainty for any high school graduate. However there are professions of which he may never have heard. It is likely that he will choose for himself a profession with which he is acquainted. At the professional school the future member has continuous contact with authorities of the profession in question. He also observes the role interaction of colleagues. In medicine, and other professions, he works as an intern where his acculturation to his profession is closely observed and influenced by his future colleagues. He also learns his role in interaction with associate professional and non-professional people, particularly his patients or clients, respectively. The social worker goes through a professional acculturation during his field placement. In most cases he is supervised long after his professional training is completed.²

---

¹ This may be taken as a truism in a society with a residual welfare system (see Wilensky and Lebeaux, op. cit., Chap.IV.).

² Professional practices in British Columbia are the basis for these statements. Some of these professions require two to six or more years of university training. Librarianship and social work require two years of professional school after the undergraduate degree while medicine requires four years of professional school after two to four years of preparation in a prescribed sequence of university training.
In summary, a prospective member of all professions is given an opportunity to internalize the values and attitudes of future colleagues. He learns partly through the long period of association during training and frequently by some system of internship under professional guidance, but also by formal instruction. The latter frequently includes lectures on the code of ethics.

The roles learned by an individual in the course of socialization have certain unique characteristics. They are learned by informal control in the family institution. In it, roles are ascribed by tradition, and so is the power. The inefficient role performer is not necessarily removed from his occupation nor is income related to the work done. Sex, age, and biological affiliation are major factors of the division of roles in the family. In general one may consider the behaviour in a family as "collective behaviour", while behaviour of occupational groups consists of "the conscious fulfilling of formally defined offices."

1 Caplow, op. cit., Chap. II, espec. p. 248/9. However, even in the most traditional society where men are formally given all power of control we find quite frequently the real effective control is informally in the hand of an older woman.

2 Broadly speaking, there is no sector of our society where the dominant patterns stand in sharper contrasts to those of the occupational world than the family.

To the degree that the family loses more and more of its productive functions in the process of industrialization, the production activities become limited to qualified adults. The roles of work activity, general living and play become more distinct, as do the roles of non-productive members of society, such as pensioners, the unemployed, children, etc. Personal relationships remain essential in the organization of the family, the clique, the school, the church, and the neighbourhood. The occupational roles undergo a process of rationalization, whereby the informal control is substituted by specifications of how, when, and by whom work should be done. This standardization is largely controlled by occupational organizations.

The division of labour has led to activities which are, on the one hand, more mechanical, but which, on the other hand, regulate much less of the total complexity of roles of each individual, i.e. occupational organizations regulate specific role behaviour related to the occupation. While guilds of the middle ages had total control over their

1 Theodore Caplow, op. cit., p. 23.

2 Ibid., p. 24. Caplow states that the informal organization exists as "a marginal and almost furtive adjunct to the official scheme of organization". The strong informal organization may "soften the impact of rationalization."

members. The apprentice became a member of his master's family. ¹ Whatever life activity any guild member or employee engaged in was regulated collectively by the guild. The member of a professional association in industrial society has, in contrast to the guild member, a greater range of choice in recreation, marriage, association, i.e. non-occupational roles. ² One may state that industrialization led to a formalization of the occupational role. The private life and the choice of occupations became less dependent upon the accident of birth. The occupational roles became available to almost anybody who could fill the formally specified role. Formalization was necessary because one specialist became dependent upon the functioning of another specialist. Unless a certain standard of function could be anticipated from any member in a given occupational role, all others would have to adjust to each person and his idiosyncrasies. Due to formalization of norms or standards of performance it is possible to expect a role performance from any member of a professional group to be much like that of another member in all aspects related to the field of that profession. If these groups control all members who possess the knowledge

¹ Caplow, op. cit., p. 25.

² Bernard R. Blishen and others (ed.) Canadian Society: Social Perspectives, rev. ed., Toronto, MacMillan Company of Canada, 1964, p. 9. Weber saw a modern society as a differentiation of a series of domains. Among the domains he would count kinship, religion, the economy, the polity, and the legal system. In industrial society there is a separation of domains as kinship, economy and politics from various forms of "private life", including private economic enterprises. The difference is a matter of degree.
and skill of that particular profession, the role performance
can not be judged by outsiders. Because of this fact, pro-
fessional associations claim to need and have frequently
obtained self control over their members' role performance.

**Occupational Organization and Control**

Individuals carrying similar role-sets find them-
selves frequently confronted with similar problems and they
are likely to develop many similar interests. This fact
underlies the formation of many organizations. Members of
a profession find it necessary to associate in order to
cope with the power structure more effectively than each
individual would be able to do on his own.¹ The formation
of professional associations, and associations in general,
is part of man's attempt to regulate his social life.²
Professional organizations may be seen as stabilizing elements
of the industrial society. "They inherit, preserve, and
hand on a tradition."³ Associations influence each other
and become more alike with increased frequency of contact
between their members. In order to understand professional
organizations, it may be useful to examine other associations
and organizations, as well as the historical development of

---


² Carr-Saunders, Wilson, op. cit., p. 495. Such fellow-
ships were formerly built up around religion and locality. Presently opportunities to associate are greatly enlarged
and lead to a great variety of associations.

occupational organizations in general. It is hoped to find in the present organizations vestiges which are derived from earlier stages of their development and can be understood more easily from the historical point of view.¹

An occupational association may function as a mechanism of control either for its members, or for the public, or for both. In the Fifteenth Century, the powers given to vocational corporations were extensive. The state had an interest to insure competence of practitioners and honesty in dealing with their clients and "inferiors". Since central administration was not developed yet, the control was delegated, in part, to corporations. The state treated occupational groups as all other corporations. They had to discipline their members and supervise them.² The occupations which would later evolve as teaching, legal, medical and ecclesiastical professions, were at that time not very distinct. Professionals were churchmen with very few exceptions. The legal and medical practitioners were specialists, while there was little distinction between the clergy and teachers. In the early Middle Ages almost all professional men took orders, later many became secular


2 Carr-Saunders and Wilson, op. cit., p. 305, pp. 289-307. The machinery was clumsy. The organization hierarchical as that of all other corporations of the time.
members of the church. Henceforth the church lost gradually most of its influence over the professionals. The state gradually ceased to intervene in accordance with the philosophy of *laissez faire*. The latter became the dominant philosophy. Contractually organized society was the ideal of the time. All professions - divinity, law and physics - were practiced by gentlemen.¹ The eighteenth and early Nineteenth Century was the age of patronage. Professionals worked for patrons, wealthy men, office holders, and organizations. The loyalty to professional organizations was weakened by the patronage system.

New technical and scientific discoveries stimulated study groups. Out of these new associations developed. Some of these were formed around vocational interests. Titles, such as engineer, chemist, etc., were given to proficient members of these study groups. The associations limited membership by setting standards for admission. They set the goal to aim at and frequently did obtain higher standards. The members then aspired to be known as competent and honourable. Next, they proceeded to eliminate malpractice, thus guaranteeing to the public and clients the competence of the associates. Methods for tests of competence evolved from this practice. This led eventually to the formulation of codes. These stated the ideals, standards and the specific field of competence. The codes outlined the expected

¹ *Ibid.*, p. 295. There was some dispute about recognition of the professional man as "gentleman".
roles of members.

A major reason why application for charter was made was to obtain prestige. Once charter was granted, a monopoly existed and emphasis shifted to the protection of material interests of the members. With higher remuneration a higher status was achieved. Members of associations realized very early the importance of education and formed close relationships with educational specialists. Because the professions were exclusive repositories of special knowledge and experience, they were asked for advice and help by government and private bodies. They, in turn, offered advice in their own sphere to help formulate policies. The professional associations now proclaimed as their proper realm of activity the guarantee to the public of the competence and honour of their members, protection of material interests for their associates, participation in public activities and enlargement of knowledge by retaining the study functions.

These associations had no hierarchical structure. All members were of equal status and had, if not a single, at least closely related aims, viz. similar vocational interests. This stood in sharp contrast to the situation in the Middle Ages when the guilds controlled the total role-set of their members. The state had little, if any, control over the new professional associations.¹

¹ The Nineteenth Century was the age of laissez faire, when free competition was thought to be the best of all control mechanisms.
Need for some control became evident, and the state developed a register for some professions. By the Nineteenth Century the state had become an employer of large numbers of professional people. It set up examinations to avoid favouritism in the civil service. Slowly, the state proceeded to establish registers for most professions. Many of these professions organized associations which had a variety of controls over their members. But the state did leave the control largely to the professions according to the prevailing philosophy of the time.

The state employed the associations as control mechanisms by either granting the right to register (license) and/or by granting an association charter. Thus, the associations became control organs of the state. The professional associations that failed to obtain this control over their members, lost the power to exclude members from professional practice. They could then no longer guarantee the competence and honour of all their members. Unless, the profession had indirect influence through the participation of its members on the control committee set up by the government.

The degree of control over individual members varies amongst the professional organizations. The well integrated professional groups, such as medicine and law have a great variety of regulations. These regulations guarantee the public a certain standard of functioning of the individual practitioners. They also assure the public that the practitioner's moral is as high as that expected from most citi-
By voluntarily regulating certain role behaviour, the practitioner obtains the freedom to carry out his role in a manner and norm arrived at by *confreres* who understand the principles and share the values. The society is relieved of the necessity to formulate laws which regulate the service of the professions. Laws would be cumbersome as they would have to be applicable to the whole society. Changes of such laws might be more dependent on the society at large as on the needs of the particular profession and its function for society. Although a certain degree of self control has been granted to many professional organizations, laws may be imposed if this is necessary. In any case, all professional men are subject to the laws of society in their roles as citizens.

The professions are organized for the performance of duties. This is in contrast to the economic sphere where organization is generally for rights, mainly pecuniary rights. Tawney proposes to organize industry in a similar

---

1 Carr-Saunders and Wilson, *op. cit.*, p. 395. But not necessarily higher than that of other citizens.

2 R.M. Tawney, *The Acquisitive Society*, London, Collins The Fontana Library, 1921 & 1961, p. 89. The object of rules "...is to impose on the profession itself the obligation of maintaining the quality of the service, and to prevent its common purpose being frustrated through the undue influence of the motive of pecuniary gain upon the necessities or cupidty of the individual."

manner to that of the professions\(^1\), by giving the organization of its managers freedom from the cumbersome restrictions imposed by the rules of general law. Self regulation would enable the managers to use their professional skills in the service of society, while, at present, they serve mainly to produce pecuniary profits which is not necessarily in the interest of service for the society.

Taeusch has proposed to professionalize business.\(^2\) This, Taeusch thought, would free the economic sphere from state control by substituting internal controls similar to those used in the classical professions. Durkheim and Park go even further. They suggest that professional and other occupational organizations may become the basic political units of industrial societies.\(^3\) These authors' reasoning appears to be that industrial societies must delegate some measures of control to the individual groups which are the repositories of knowledge, skill, and competence in a certain field. This would increase the freedom of individual practitioners and citizens to follow their vocation as they

---

1 Tawney, *loc cit.* "The difference between industry as it exists today and a profession is, then, simple and unmistakable. The former is organized for the protection of rights, mainly rights to pecuniary gain. The latter is organized, imperfectly indeed, but none the less genuinely, for the performance of duties."


3 Caplow, *op. cit.*, p. 102. Caplow used in his analysis the collective "occupational organizations".
may feel less restricted even when very strict controls exist, if these coincide with and enforce their own value system.

These proposals sound reasonable when considering the professional organizations of the Twenties. Today, many professions have become large bureaucracies with all the dilemmas of such. The particular dilemma of bureaucracies is that they are in nature anathema to democratic ideals and individualistic philosophies. More will be said about this further on.

Principles of Professional Ethics

Every member of a profession is a citizen of his society and, as such, he has the rights and duties of a citizen. Because of the special knowledge and skills which the professional person possesses, he has a definite commitment to a social function or role in his community. He finds his reward of adhering to customary standards in the approval of his fellow citizens. He works with the proper authorities to enable the public to utilize his services. The fulfillment of his obligation towards the public should

1 Blau, op. cit., p. 22. Efficiency versus democracy. Bureaucracy must be avoided at all cost in a democracy. The latter must be based on free expression of opinion. This freedom is more or less severely restricted in a hierarchical organization as a bureaucracy.

2 Carr-Saunders & Wilson, op. cit., p. 421. quote F. Bullock. "The physician is not compelled by law to attend to any case to which he may be called, but he must remember that, having accepted a public calling, he must as a rule have good reasons for his refusal."

3 Tawney, op. cit., p. 154.
be determined by his professional conscience rather than by adherence to the letter of the law. The professional person employs special knowledge to assist in the interpretation and formulation of law and public policy as it relates to his field of competence. He makes known the view of his profession but does not formulate policy. In this, he ought to put the public good before the advantages to himself and his profession. A professional person has the duty to define and interpret his role to the public and share his knowledge, if this will further the advancement of the society. This apparently altruistic behaviour may incidentally provide the professional man with a large clientele and thus bring him considerable profit. Contributions to the welfare of society may also bring him such non-pecuniary rewards as public office, honourable mention in mass media, and last, but not least, it may give him the esteem of his colleagues and a feeling of pride in having contributed to the welfare of his community. Although the service ideal is part of the professional creed, it can also be found in business. While in the latter the profit motive is taken as a measure of success, the professional person would not be considered successful.

1 Taeusch, op. cit., pp. 177 and 318. Taeusch interprets Socrates in reference to public service: A man should be guided by his conscience only in what he contributes towards the common good of his society. His services should go beyond self-interest.

2 Carr-Saunders and Wilson, op. cit., p. 485. When he participates in formulating of policy he has a role in a governmental organization. Professional groups or individuals give their expert opinions but do not decide what should be implemented i.e. decide policy.
just for making high profits.¹

Tawney² contemplates the processionalization of industry by separating the roles of capital owners and managers in industry. The managers' associations would control the performance of their peers. Instead of being controlled by the profit motive, they would serve industry with the goal of producing most efficiently the goods and services needed by society. The capital owners would be recompensed for the use of their capital only. Professionalization as a reorganization of society has been envisaged before by Durkheim and Park. Caplow sees professional societies turning into major social institutions.³ The implication is that these organized professional people, who all follow the service ideal and are to a high degree self-controlled may be employed as controls of society.⁴ These are logical proposals. However, social institutions are "sacred cows". And logic is frequently a poor second even when such institutions are obviously malfunctioning. Another reason to

¹ Talcott Parsons, Essays in Sociological Theory, op. cit., p. 44. The author compares functioning of business and professions. He concludes that both have essentially similar goals, i.e. objective achievement and recognition. But the means differ. Society sanctions pursuit of self-interest by business men but not by professional people.

² Tawney, op. cit., passim.

³ Caplow, op. cit., p. 140.

examine such proposals critically is the bureaucratization of present day professional organizations. One might expect considerable resistance from the public towards such institutional changes. However, if the control of society by professional associations spreads gradually such an evolution might be acceptable to an industrial society.

**Obligations and Relationships of the Professional Person**

The professional person is generally forbidden to solicit clients.\(^1\) His clients are expected to ask for the services, except under stipulated circumstances and in cases of emergency.\(^2,3\) The professional person should provide services when public opinion demands such service, even if the individual client did not voluntarily ask for it. However, in most cases, there is freedom of choice, and this determines certain rights and obligations of the contracting parties. One of these is that the professional man will serve until he is released or has advised his client, the family and/or friends that he wishes to be released from ser-

---

1 H.H. Perlman, *Social Casework*, Chicago, The University of Chicago Press, 1957, p. 185. The client "must want some help or change and must reach out with some part of himself ...". Social workers have engaged in soliciting clients in the "hard to reach" programs though. However, they have done so as agents of bureaucracies rather than as free lance professionals.


3 Willard L. Sperry, *The Ethical Basis of Medical Practice*, New York, Paul B. Hoeber, 1950, pp. 82-83. It is stated here that the ministry is forced to advertise by the finance committee "to fill the pews".
vice. Any danger to the client or patient and to his social environment has to be made known. Care should be taken to avoid any activity which may be against the best interest of the client. Intimate communications are to be kept confidential. However, only lawyers, doctors and clergymen can promise their clients full confidentiality. This is established legally by precedent. Exceptional circumstances are specified when even these professionals may be subpoenaed. All other professions may be forced by law to reveal communications when it is in the interest of any court to ask for such revelation. The professions, which are protected by law against revealing confidential communications, are liable, under the law, to adhere to this rule. Common law based upon well established customs, protects clients from misuse of information. Merton states that the professional point of view is, "You can't get secrets if you don't keep them." To serve his client, the professional person needs full information. He guarantees his client protection by his dedication to service and trust ascribed to his professional group. The professional group enforces confidentiality by consensus informally and by the administration of the profession's code of ethics, formally.

Frequently, professional people will consult colleagues or superiors, thereby revealing confidential information. Unfortunately, the line between gossip and pro-

---

professionally useful consultation is difficult to draw. Relationships become particularly strained when conflicts between the client's interest and that of the professional person or the public become apparent. Social workers experience regularly the situation where clients confide in them a breach of the law and/or welfare statutes. As an employee of the agency and steward of social welfare programs, the professional worker must decide which role he is to take. The individual professional obtains guidance herein from the organization of his profession.

Several codes of ethics attempt to define the priority of loyalty. The codes frequently include the following:

(a) the client as against the community;

1 Ibid., p. 27.

2 Sperry, op. cit., pp. 97-98, notes the important general area of conflicting loyalties. "Most of our moral choices, and those are by far the most difficult, have to be made in the presence of divided loyalties. My brother-in-law, the late Professor Charles A. Bennett, taught the general undergraduate course in ethics at Yale. He used to say, 'We seldom are given a clear moral choice between black and white. Most of our choices have to be made between shades of gray.' His theory then was that, once we have chosen the lighter shade of gray, we must go ahead on the basis that it is for us pure white, and act without compunction or regret. We have here an instance of precisely that baffling contrast between the empirical fact of relativity and the theoretical necessity of absoluteness in moral matters which we have previously noticed."

3 The codes of ethics do not necessarily include all areas listed here, nor is this list complete. The order of priority changes from profession to profession.

4 R.M. MacIver, "The Social Significance of Professional Ethics", Annals of the American Academy of Political and
(b) the client as against another member of the profession;
(c) one professional person as against another;
(d) one client as against another\(^1\); and
(e) the client as against the organization the professional person is working with.

Priorities differ in each profession. The conflicts generally become more emotionally loaded when decisions are made from a professional point of view which is in conflict with generally approved principles and morals of the society.

Relationships between colleagues and other professional people are informally and/or formally established by the professional association. Codes of ethics may stipulate relationships with other professional persons, either recommending, permitting or prohibiting such relations in more or less clearly defined situations.\(^2\) One stipulation

Social Science, 101, (1922), p. 10. "Perhaps the least satisfactory reconciliation is that relating the interest of the client to the interest of the public, not merely in the consideration of the particular cases as they arise but still more in the adaptation of the service to the needs of the public as a whole as distinct from those of the individual clients. Thus the medical profession has incurred to many minds a serious liability, in spite of the devotion of its service to the actual patients, by its failure for so long to apply the preventive side of medicine, in particular to suggest ways and means for the prevention of the needless loss of life and health and happiness caused by the general medical ignorance and helplessness of the poor."

1 Merton, Code of Ethics, op. cit., p. 31.

2 Taeusch, op. cit., p. 176. The directions in most codes are rather general - rarely are precedents established.
found in most professions is the limitation of competition between individual members. Although professional people have for a long time recommended competition as the only effective regulator of the economic field of which occupations are a part, they have thought such mechanism inoperative for the professions themselves. It is considered highly unethical for professional people to compete for clients by other means than the practitioner's reputation for quality of service and personal integrity.

Criticism of colleagues to persons not belonging to the same profession is considered as one of the great taboos in all professions. If a certain member of a profession deserves to be exposed for the sake of the profession's reputation, he should be reported to the association but never should an individual colleague pass judgment to "outsiders". The disciplining of wayward members to preserve the reputation of the profession, is the task of the professional association. To "outsiders" the profession presents a closed front of solidarity. However, within every profession there are dissidents, who may become organized in schools. If these schools influence a majority of members, the attitude and values of the whole organization may change. To pre-

---

1 Ibid., pp. 56, 120, 189. In the case of physicians, it is clearly stated that no doctor should attend a patient who is under the care of another doctor. The difficulty is that he may not know this, unless the patient tells him. Even social calls are to be avoided and, if made, no professional information should be communicated. No comments about another physician should be made.
serve consensus and maintain the confidence of clients, every organized profession has some regulation dealing with differences of opinion between colleagues. Only experts are alleged to be competent and, therefore, able to judge other experts.\(^1\)\(^2\) Hence, lay persons are not given control over professional affairs.

The professional-client relationship is distinct from the non-professional relationship. The kind of relationship existing is inherent in the kind of service the professional person provides. It may not be restricted to professional occupations. But in these the client subordinates himself to professional authority. He is thought to be incapable of judging the quality and quantity of services needed and provided. In the non-professional, economic relationships, in comparison, "the customer determines what services and/or commodities he wants".\(^3\) The business slogan "the customer is always right" expresses the relationship in the market economy. In reality the above dichotomy describes the extremes which are possible. More probable is the relationship of the professional person with his client in which the latter has a certain degree of choice. For one, he may or may not continue to patronize the professional per-

---


2 Merton, *Social Theory and Social Structure*, op. cit., p. 27. Experts "have examined personalities of thieves, hobos, sales-ladies...but they are reluctant to examine their own."

son. He may also present his case in such a manner that the professional person is forced to transfer the client to a colleague. In the case of an engineer or architect, the client may influence the service to quite a considerable degree. He may ask that a road be rerouted because he, the client, wishes it this way, or he may ask that the building be discontinued because he, the client, has run out of money.

In the non-professional service industry a mechanic may ask and obtain authority to repair an engine or a tailor to make a certain suit. In both cases, the customer may have sufficient knowledge to judge what has to be done, but rarely does he know how it should be done, and the non-professional workman has to be given authority to use his skill and knowledge to do the job.

Comparing these relationships, one appears to be forced to the conclusion that there is a continuum in the occupational field from professional to non-professional occupations when judged according to the quality of relationship. ¹ It seems to be fallacious, therefore, to divide occupations into professions and non-professions for this and other reasons.

Controls of Society and the Control Function of the Code of Ethics

Controls in any given society vary from informal

¹ Ibid., p. 46. "The occupational classification by the U.S. Census Bureau is precisely such a continuum."
to formal and may be applied directly or indirectly. Generally a combination of all kinds of controls exists together. The function of the controls is the regulation of the society. The controls may consist of consensus of good practices. On the other hand, they may be formally codified in the law. In most instances, any variation between these two poles is operating. The function of any control mechanism depends, on the operational level, to a very large degree on informal controls. This applies to the most efficiently administered laws as well as to folkways.

Informal controls may be very strict, when they are applied to a homogeneous group. Yet they may be readily accepted, since they represent values and attitudes which have evolved from this group. Each member has internalized these values and attitudes and considers them his own. The informal control consists mainly in degrees of isolation of the nonconformist member from the group. The maximal punish-

1 Caplow, op. cit., p. 105.
3 Caplow, op. cit., p. 120. "...the members of tightly organized occupational hierarchies are usually less aware of coercion than those who work in mobile environments." Professions are usually thought to offer more "freedom" than factory work. In practice, the objection to regulations is overcome by: 1. long period of training which led to internalization of professional culture, 2. great identification of individual to rule setting agency, 3. more uniform rules for all members and impersonal validity of rules, 4. the rules limit influence of "outsiders". This is preferred even when tyrannical rules of "insiders" exist.
ment is total isolation, i.e. expulsion from the group. The positive incentive is the pleasure derived from being with others who are "like oneself", i.e. members of a homogeneous group. These positive control mechanisms are frequently, omitted in the study of functions of societies.

Industrial society is made up of many homogeneous groups, each at variance with the values and attitudes of some or all other groups. The regulatory mechanisms of such a heterogeneous complex has evolved in most cases from the common values and attitudes held by these groups. The law may be seen as a codification of rules and regulations as they evolve and are practiced in everyday life. However, not all laws are derived from such common practice. Some laws are superimposed by power groups. One important function of law is to secure uniformity of controls. Its main advantage of being universal is also its main disadvantage namely the restriction of an individual's freedom of choice for the sake of all of society. These controls, formalized in the law, are relatively rarely enforced by the courts. They operate because many individuals are aware that these controls exist. Controls are frequently considered as rights and duties. However, if law is superimposed on a society by a power group, it needs constant vigilance to

1 Benjamin N. Cardozo, The Nature of the Judicial Process, New Haven, Yale University Press, 1921, p. 112. "One of the most fundamental social interests is that law shall be uniform and impartial."

2 Ibid., p. 128.
enforce it, and, in most cases, it is only accepted very gradually, if ever, by the subjugated. This is the case when societies are ruled by men whose attitudes and values differ from those of the majority of the society. If the laws conflict with the values and attitudes of the subjugated people, the latter may feel overly controlled and obstruct the controls codified in the law.

Laws which are not based on social justice\(^1\) may need constant enforcement by court decisions because they are in conflict with the attitudes and values of many members of the society. They interfere also with the freedom of contract which is part of the ideology of our culture.\(^2\) However coercive controls may seem to be from the viewpoint of an outside observer, men appear to be willing to tolerate strict controls if they are of a "homegrown" variety and feel free in spite of them. Men object generally to non-acculturated values and attitudes and render laws based on these ineffect-

---

\(^1\) _Ibid._, p. 66. "The final cause of law is the welfare of society. The rule that misses its aim cannot permanently justify its existence. 'Ethical considerations can no more be excluded from the administration of justice which is the end and purpose of all civil laws than one can exclude the vital air from his room and live.' Logic and history and customs have their place. We will shape the law to conform to them when we may; but only within bounds. The end which the law serves will dominate them all". Quote by Dillon, Harvard Law Review, 731, 733.

\(^2\) _Ibid._, p. 126. "...a statute, till construed, is not real law". One such statute is The "Canadian Bill of Rights". It has never been applied in any court of law (by January 1965) and appears to exemplify the point that superimposed law does not serve as a formal social control. It is difficult to assess how much it influences the society informally.
ive even though these laws may exercise only mild controls. Laws become inoperable also when they are not applied by the courts.\(^1\) Then they exist in letter only. To be functional, the law must be applied to and serve, or be thought to serve, the interests of its subjects.

In the interest of society, the law supports social institutions which can inadequately control groups and/or sections of society. The law grants them a certain autonomy to control their functioning as it is germane to the authority thought to be appropriate by society. Internal control of a group enables each member to participate in formulating policies as well as controls, to carry out these policies. The organizations or groups, which are granted self control over certain aspects of their sphere of interest, become thus mechanisms of control for the society.\(^2\) In the case of professional organizations, they are mediators between the individual professional person and the society at large.

The authority granted to professional organizations is subject to the norms of the larger society. With the granting of a licence, charter or any other sign of recognition, certain rights and obligations are given to professional associations. The charter or licence gives the profession-

---

1. Ibid., p. 66. "The final cause of law is the welfare of society. The law that misses its aim cannot permanently justify its existence." The end which the law serves will dominate logic, history and custom."

2. Parsons, Structure and Process in Modern Society, op. cit. p. 64.
al organization a monopoly in a specific field of knowledge and technical skill.¹

The reason for granting such a monopoly is to make the profession the control organ of its own members. It is claimed that the law is a very cumbersome control of professions. Moreover most law-makers do not know the subject matter well enough² to make these laws operable. Therefore, it appears to be the most logical solution to give professional associations the power to rule themselves, in the hope that they will thus fulfill their function for society more adequately. One should remember here that logic, custom and history are all contributing factors which led to the development of self regulating professional associations.

The professions usually have controls³ which "protect outsiders from incompetence and abuse". There are other controls designed to safeguard the "socioeconomic position of insiders."⁴ The most important controls are found in the code of ethics. Other controls are found in "bylaws, admini-

¹ Emile Durkheim, Professional Ethics and Civic Morals, Trans. Cornelia Brookfield, London, Routledge and Kegan Paul Ltd., 1957, p. 39. "Occupational legislation could hardly be other than an application in particular of the law in general, just as professional ethics can only be a special form of common morality."

² Carr-Saunders and Wilson, op. cit., p. 395. "The legal safeguard therefore is both clumsy and incomplete."

³ Greenwood, op. cit., p. 48-49. There are formal and informal controls sanctioned by society.

⁴ Caplow, op. cit., p. 113.
strative regulations, licensing rules, statutes, technical manuals and customs."¹

The code of ethics of a profession may be compared with the statutory law of a society. To be functional, the code must serve the society and the profession. Generally, a code which incorporates the values, attitudes and ideals of the profession is most likely to be effective for internal control.² The code must at least not be in opposition to the morals of society and preferably support them. The codification of ethics defines with great precision the ideals and sentiments of the profession.³ But the code does not automatically introject these ideals and sentiments into the profession. They must evolve from within the group.

The degree of effective control depends largely on the degree of consensus achieved within the profession. It also depends on such facts as the monopoly over the sphere of competence and knowledge. Discipline can only be maintained, if the code has its roots in the opinion of the majority of the members of the professional association. Pre-

¹ Ibid., p. 114.

² Durkheim, op. cit., pp. 7-8. "In general, all things being equal, the greater the strength of the group structure, the more numerous are the moral rules appropriate to it and the greater the authority they have over their members." The better the organization of the professional group, the more developed, and the more advanced in operation will be the professional ethic.

³ Ibid., p. 28.
cise wording alone is no guarantee for the effectiveness of a code, nor is a guarantee for the effectiveness to be found in extensive police powers exercised by the professional organization or the society.

The evolvement of the code out of the professional culture is a major consideration in predicting its effectiveness. In an analysis of the control mechanisms of a professional association, therefore, the development of the code of ethics needs to be examined. Another important consideration is the actual applicability to individual cases of the ideals expressed in the code. In law, this is generally achieved by precedents.\(^1\) The latter are used as examples of the interpretation of particular situations. It is not the task of a code to be specific to a particular case. A code ought to state not only rules for the present, but also principles for the future.\(^2\) Interpretation of codes must be based on the "intended" meaning.\(^3\) Therefore, the kind of administration of the code of ethics must be examined when analysing it as a mechanism of control.

In its code of ethics a profession attempts to state the general principles of morality in terms of its

\(^1\) The secrecy of professional associations in regard to ethical questions may be serious obstacle to the accumulation of a substantial number of cases to be used as precedents.

\(^2\) Cardozo, op. cit., p. 83-84. This viewpoint is expressed by the author in reference to constitutions.

\(^3\) *Ibid.*, p. 70. Quote of Kiss: "The general framework furnished by the statute is to be filled in for each case by means of interpretation, that is, by following out the principles of the statute."
special interests. Many of the important specifications are found in the written code. In addition, there exists an unwritten code. The control mechanisms employed to enforce the code - written as well as unwritten - depend largely on the kind of professional organization that exists. Where the members meet frequently in face-to-face contact most controls will be embedded in the professional folkways. Enforcement of the written and unwritten code is likely to be informal although frequently very strict. Even in professional organizations with very large memberships face-to-face groups exist and control over conformity to the code is exercised by folkways. The large number of members make it physically impossible for all members to meet. Cliques, schools, and regional groups may exist and form a plurality within the professional organization. The collective control of face-to-face groups are supported by institutional procedures. As in mass society, the administration frequently becomes a bureaucracy. Its structure and procedures are


2 Caplow, op. cit., p. 114. Some additional rules are considered to be self-evident, e.g. obligation of a lawyer to defend a pauper. Other rules are regarded as "not entirely legitimate", e.g. understanding of physicians not to testify against each other in malpractice suits. Finally there are rules of local application, e.g. subtle rules governing architectural plagiarism. For the given reasons the rules are not laid down in a written code.

3 Ibid., p. 124-130. Caplow looks at the firm control which exists when face-to-face interaction of professionals is intense. Conformity expected by these small groups is comparable to that expected from guild members.
formally organized and universally applied to all members. Most professions adopted this kind of organization.

There will have to be procedures for appointing a committee on ethics which may formulate and/or change the written code which is then presented to the general meeting of members for adoption. This committee, or a special one, may be appointed to hear and/or investigate complaints. Frequently, the executives of the association appoint a committee on ethics. Another possibility is to hear complaints at general meetings.¹ The registration committee may also act as ethics committee. Whatever the mode of appointment, every efficiently organized association has some means of investigating complaints.

After investigation of a complaint, the committee presents the accused with its findings. Judgment and sentence may follow a formal hearing. (The functions of judge and prosecutor should not be united in one person.) Appeal procedures may be stipulated. In some professions the appeal has to be directed to the judiciary institution which made the original judgment. In many professions appeals to courts of law are only possible with regard to procedures and not with regard to the subject matter. The jurisdiction of the professional tribunal is limited to the authority given to the association and ought not be exceeded. Within this jurisdiction, the profession usually has absolute

¹ Carr-Saunders and Wilson, op. cit., pp. 404-418.
powers as far as the subject matter is concerned. The maximum sentence in many professional organizations is expulsion from the profession.

There are significant deviations from the judicial process of general law. In certain stipulated cases, some professions permit appeals to other than professional authorities.¹ This is particularly important in the case of the registered professions which have the right to license practitioners and thereby also the right to exclude a member from professional practice. However, appeal is generally restricted as to procedure.

The jurisdiction of each profession varies. The professional tribunal may have the power to expel a member for "any felony or misdemeanor, however trivial".² This power is rarely used, save where there is a grave offence and/or the offence is committed in connection with professional duties. The judgments of professional tribunals may also be considered from a historical point of view. If we study this view, we find that the older professions have evolved from the church. From these roots the altruistic values of the professions derive. Historically all professions aspired to have "gentlemen" as their members. These and other historical roots can still be traced in the conduct generally expected of professional people. The pro-

¹ Ibid., p. 418.
² Ibid.
Professional organizations have many features in common since they have many common roots. Most of the new professions look to the established ones for models, and, in fact, resemble these very closely.

In summary then, the main distinction to be made is between codes of ethics which are mere statements of the aspirations of the professions and codes which are actually working codes of ethics. An operable code must provide measures to punish effectively violators of the professional ethics. The mere fact that a written code exists cannot be taken as proof of operability. The stage of development of a working code may be the mark of the development of a professional group. The more complete the development of the working code is, the greater is the likelihood of the existence of a cohesive occupational group with traditions, with a sense of definite skills and knowledge, and well defined service functions in the society.\(^1\)

It is characteristic for such a profession to have control over admission to the profession. This includes control of education, standard for entrance, and licensing rights. In short, a fully developed profession also has a well developed working code of ethics.

The Working Code of Ethics

The operability\(^2\) of the codes of ethics is the

\(\text{1 Merton, Codes of Ethics, op. cit., p. 72.}\)

\(\text{2 The practical operability of a given code is assumed to}\)
main problem to be studied in this thesis. For this reason, it may be of benefit to examine certain characteristic features that have been elicited by other research. It is hoped to analyse, as far as possible, these features in the codes of ethics of social work, medicine and librarianship in the following three chapters.

Landis has analysed twelve codes. In his opinion, Codes are still, to a great extent, even in the older organizations among lawyers and doctors, formulations of vague idealism, largely evidences of wishful thinking. The tasks of developing standards have not yet been approached with thoroughness and with regard for the factors that enter into group control. Professional organizations, in addition to being addicted to formulation of vague idealism, are also sometimes large organizations, with infrequent contacts between members, and are unsuited for establishing controls. 1

On the basis of his survey, Landis identifies a number of specific problems for the teaching profession. He points out that most teachers are civil servants. This also applies, although not to the same extent, to social workers and librarians. Another special situation is that many teachers are unmarried, young women who teach only a few years. This results in a high turnover. Similar conditions exist in social work and librarianship. 2

1 Benson Y. Landis, Professional Codes, New York City, Teachers' College, Columbia University, 1927, p. 93.
2 Caplow, op. cit., p. 230.
been found difficult to organize occupations predominantly employing women.\(^1\) Many teachers, social workers and librarians work in similar positions as untrained workers. There are no clear cut criteria as to who should properly be called a teacher, social worker or librarian, i.e. a lack of standards can be found frequently. These factors existing in the professions influence the operability of a code of ethics as a mechanism of control.

Landis recommends the consultation of the following criteria when a profession wishes to establish a working code.\(^2\)

1. Protection of the profession, as well as protection of the public should be frankly stated as one of the objectives of the code. Different kinds of protection are needed in each profession because of the differences in employment, relationship to clients, tenure, possible prosecution in cases of accident, need for confidentiality, etc.

2. An integrated organization must provide adequate machinery, if a code is to be operable. Grass root participation is needed. Face-to-face groups enforce codes by professional gossip and informal discussion. In cities with large numbers, face-to-face groups may be established by district organizations, while in

1 \textit{Ibid.}, p. 240.

2 Landis, \textit{op. cit.}, Chap. XIII. The points listed by Landis are modified here to permit wider application than to the teaching profession only.
rural areas they should be close enough physically to meet frequently.\(^1\)

3. A code of specific rules which clearly defines relationships is needed. The importance of relationships varies with the professions. The important relationships have been discussed in this chapter under "Obligations and Relationships of the Professional Person."

4. A variety of "cases", particularly "marginal" and "doubtful" cases, should be studied and investigated. The interpretation of large numbers of cases provides "precedents" which may be used as they are in law, where they give examples of interpretation in specific situations.\(^2\) Blanket definitions appear to be inadequate to describe all possible situations and describe them realistically.

5. Revision of Code. To be operable, a code must be adjusted to changes in attitudes and values of the society as well as of the professional organizations. To be effective a code must be continuously evolving from the professional culture. Written codes have a tendency to become dogmatic and lose their effectiveness by the estrangement between the codified principles and regulations and the practiced ones. Mechanisms are needed to insure revisions.

---

1 Landis proposes county organizations.

2 Landis, op. cit., p. 98. The American Association of Engineers and the Pennsylvania Education Association assembled cases to be utilized as precedents.
6. Judiciary Matters. Effective control needs a clearly defined machinery with powers to investigate alleged violations of a code and powers to punish violators. The trial procedures should be clearly defined as to jurisdiction of the professional organization, due process of law and appeals. An important feature here is that in a professional tribunal the judge and the prosecutor should never be the same person.

Most of the points considered above have been discussed more fully earlier in this chapter. In the following chapters they will be examined with reference to the professions studied, viz. social work, medicine and librarianship.

Summary

In the foregoing chapter an attempt has been made to introduce a framework for the comparison of certain aspects of codes of ethics as they exist in medicine, social work and librarianship.

The professional development in industrial society has been briefly reviewed. Emphasis has been placed on the changed socialization processes, particularly the internalization of values and attitudes, their function as controls, and the changes in social control mechanisms due to the industrial organization of society. The function of the professions as social control mechanisms has been dis-
The occupational organization of the professions has been reviewed historically to identify origins of values and functions of professional organizations of our time. This has been followed by a review of professional organizations as service oriented sections of society. Next the main principles of professional ethics have been discussed, i.e. service ideal, professional altruism, obligations, and relationships of professional persons.

The final section of this chapter deals with the control functions of the professional codes of ethics. The code is compared with statutory law in its functions and procedures of application. Some emphasis has been placed on the distinction between existing codes and working codes. The latter are considered to be a measure of professional group cohesiveness. Only an effectively employed working code is thought to enable a profession to fulfill its function of self control and thereby provide maximum service to the society at large.
CHAPTER II

THE PROFESSION OF MEDICINE

Introduction

It would be very difficult to conceive of a profession which was much more enthusiastic about itself than the medical profession. When one asks the question "What is medicine?" one is deluged with ideologically-colored phrases about the healing art and its dedication to the well being of mankind. As Harrison in his basic textbook on medicine pointed out,

No greater opportunity, responsibility or obligation can fall to the lot of a human being than to become a physician. In the care of the suffering he needs technical skill, scientific knowledge, and human understanding. He who uses these with courage, with humility and with wisdom will provide a unique service for his fellowman, and will build an enduring edifice of character within himself. The physician should ask of his destiny no more than this, he should be content with no less. 1

The Oxford International dictionary refers to medicine as the "art concerned with the cure, alleviation, and prevention of disease, and with the restoration and preservation of health," 2 and to the physician as "A healer, one who cures

---


moral, spiritual or physical maladies."¹ Joseph Fletcher² points out the ancient links of medicine and religion arising from the fact that the earliest medical practitioners were priests, so that there was always an aura of mysticism surrounding their health giving activities. The aura of religion still survives today in that often the physician is regarded as having performed a miracle in curing some patients, and in that his treatment of seriously ill patients is often accompanied by prayers on the part of the patients relatives and friends. In Smithies opinion,

Even today, the tendency of humanity to seek medical assistance in times of sickness or injury has been based upon a deep-lying instinct in human nature that relief from suffering is an obtainable goal. Just as the supernatural element in religion appeals to humanity in its moments of dependence and weakness, so, for the weary and heavy laden, the downtrodden of the earth, in the past, medical superstitions were a phase of ancestral feelings. ³

However, most writers feel, like Harrison, that although medicine as a discipline utilizes scientific methods, and relies very heavily on scientific knowledge, it remains essentially an art.

An art, because the patient remains an individual and can never be considered in purely categorical terms, and

¹ Ibid., p. 1227.

² Joseph Fletcher, Morals and Medicine, N. Jersey, Princeton Univ. Press, 1954.

can never exclude judgement and experience from the competence of its practitioners. Medicine is also an art because the physician cannot work with the cool detachment of the scientist, whose aim is simply the winning of truth and who is unconcerned with the practical outcome of his work. On the contrary, he must never forget that his patient is another human being like himself, and his traditional objectives are the prevention and cure of his disease and the relief of his suffering whether of his body or his mind.

James Howard Means gives a broader and more practical description of medicine. He sees it broadly conceived as serving,

The imperative function of promoting, preserving, and restoring the health, both of the individual and of the community. All of its personnel, facilities, and organizations are but means to these ultimate objectives. It is one of the great systems of the social organism - comparable to defense, welfare, conservation, transportation, and communication. 1

He goes on to argue that the pattern of medical practice in a country is part of and is influenced by the culture, and will depend upon the nature of the country which it serves. Illustrations of this can be seen in the fact that in a country which tends to be totalitarian like Russia, the Medical establishment also tends to be totalitarian. In Great Britain which has many socialist institutions one finds socialized medicine and in the United States and Canada

which are still largely free enterprise countries, one finds a large private-enterprise component in the total medical establishment.

Medicine as seen by the physician is a healing art. To the individual it is a way to health, and in most societies in the politically and industrially advanced parts of the world, the pursuit of health is generally regarded as a fundamental right of every citizen. Under contemporary conditions only government can ensure this right to all citizens. Means sees the practice of medicine as being in the nature of a public utility which is served in North American largely by private enterprise.

Because public utilities are by their nature monopolistic, while at the same time their services are needed by everybody, some government control of them is necessary. In the case of medicine, the most elementary form of government control is the licensing of physicians to practice by boards set up by the governments of the several states. 1

The act of licensing is the most basic step which the government takes to protect the public against incompetent or improper practitioners, and in all instances has the full support of the profession. They accept this as a badge of their professionalism, and see it as a two way protection. Both the public and the ranks of the profession will be protected from the incompetent or improper practitioners.

The function of medicine has been sub-classified in various ways, for example preventive medicine versus

---

1 Ibid., p. 8.
curative medicine, or medicine related to the community as opposed to medicine dealing with the individual. These separations must be judged to be to a considerable extent artificial, because we have come to accept that the individual is the concern of the community, and recognize that what he does or what happens to him affects and sometimes has repercussions in the community. As a nation we have learned that public health, preventive medicine, and curative medicine cannot be separated one from the other. Similarly, no longer can medicine stand alone, as it once did in serving its several functions. The physician in the pursuit of his art has become more dependent on the knowledge and skills of other disciplines such as the biochemist, physicist, biologist, nurse, social worker, dietician, medical librarian and many other various therapists and technicians without whom he could not adequately care for his patients. As the area of the physician's work expands, and his field of relationship with other disciplines expands his responsibilities expand, and his ethical problems increase and become more complicated.

The Historical Background of Medical Ethics

Medicine is a profession of 'gentlemen', and in that word is implied all necessary to define the qualities of a true physician: training, courtesy, sense of duty, honourable dealing, fairness, self sacrifice, altruism and the sense of always giving one's professional and personal best as part of a man's way of living. All the stringent codes devised could not compel man to act ethically, were there not en-
graved on his heart and in his mind a true balance of right and wrong. Ethical conduct is individual whether purposeful or not... our profession will never rise above the ethics of its average members, and for the average member the surest precepts are age old: the golden rule, and 'to thine own self be true, for it must follow as the night the day, thou canst not then be false to any man.'

Pious mouthings perhaps, an oversimplification no doubt, but in the final analysis the creation of such a type has been the goal of medical ethical codes and rules throughout the ages. That they have failed to realize their goal is indicated by the necessity for tribunals to administer these codes and for policy making bodies to continually interpret them to the practitioners and to handle breaches of them. These extra things have been required for various reasons. For one, the golden rule and general moral precepts that one learned at one's mother's knee did not envisage the complex and specialized moral problems encountered in professional life...they only carry one part way towards a solution.

Secondly, not everybody has the same mother, and in the kind of culturally heterogeneous society in which we are likely to find such things as professions there will be variations in individual moral beliefs, so that codes of ethics are needed to make sure that all members of the professions start from the same general position. Thirdly, as circumstances change, these general positions will need to be reinterpreted from time to time e.g. the general principle "Love they neighbour" may remain constant, but the question as to who is my neigh-

1 Smithies, op. cit., p. 599.
bour will get a different answer in a village from the answer it will get in a modern city. Fourthly, even when circumstances do not change, there will often be a problem of deciding what kinds of behavior do in fact constitute violation of a rule. For example, is a doctor who gives a patient a drug which he hopes will help her, though he does not know it will, acting responsibly?

The first known code governing medical practice was the "Code of Hammurabi", discovered in 1901 as a monument on the Acropolis of Susa. The Code was drawn up by the government of the time and departure from its edicts was a violation of the law as well as being regarded by the medical group as a breach of professional ethics. This code outlines the earliest known modes of practice of physicians, and the regulations of private and public medical effort. The spirit was essentially that of governmental paternalism. In the Hammurabic Code, the ethics of practice were ethical only in so far as improper practice placed at defiance the law of the land. It was only towards the 7th Century B.C. that Ethics began to have significance as influencing the moral responsibility of the doctor-priests toward their patients, affecting professional relations and limiting acts of the unscrupulous practitioners.

1 Frank Smithies, on the Origin and Development of Ethics in Medicine and the influence of Ethical Formulae upon Medical Practice, Reprinted from Annuals of Clinical Medicine, vol. 3 #9 (March 1925), p. 577.
"The Hippocratic Oath"¹ which dates back to about 460 B.C. represents a sort of agreement between physician and pupil. It outlines the ethical burdens imposed upon a youth at the beginning of his apprenticeship to an established practitioner. An analysis of the oath reveals a high moral tone. Sperry says of it that, "the Hippocratic Oath has no parallel in the history of morals."² The Oath acknowledged reverence for those gods concerned with protection, healing and health; by calling on them as witnesses. It calls for respect for one’s preceptor and his family, and acknowledges the familial and fraternal aspects of medicine. It states an assumption of responsibility coupled with maintenance of freedom of action. It renounces criminal practice, and exhorts to clean living and restraint from harming those who are exposed to the physician through professional contact. It advises of the evils of gossip respecting patients and of indulging in disreputable practices such as castration.

The Hippocratic Oath is but one section of the much less widely known but more comprehensive Hippocratic Law. Smithies points out that without any alteration, the law could be accepted today as outlining the social, educational and personal qualities which go into making the ideal physician. For,

While the Oath seems a proper and impressive


pledge for display in one's office waiting room is something of a personal intimate message, to be memorized, by students, and doctors, for recollection when the lamp is low and the path seems uncertain and devious. 1

In 1775 Dr. Percival a physician of some stature in Great Britain wrote his "Code of Practice" for the benefit of his son who was embarking on a medical profession. Although formulated at this date it was not actually published until 1827. Dr. Percival divided the physician's ethical responsibilities into three categories. 1. His professional conduct in relation to hospitals and other medical charities. 2. His professional conduct in private or general practice, and 3. His conduct to apothecaries. In his discussion of the physician's conduct in the hospital he stressed the physician's sense of duty to the poor and the necessity for considering and respecting their feelings, emotions, prejudices and religious beliefs. In dealing with private practice he placed the stress on morality, temperance, accuracy of observation, cheerfulness and perseverance. Like the author of the Hippocratic Oath, he counselled against gossiping about patients and meddling in their private affairs. He discussed the use of consultations, and echoed the Hippocratic Oath again in his advice that physicians should treat each other with respect.

There can be no doubt, but that the Hippocratic Oath influenced Dr. Percival in the development of his Code of Ethics and, through him, all medical codes of Ethics developed since that time. Dr. Percival's code exerted a powerful influence upon medical practice throughout Europe and North America, and at a later period when physicians grouped themselves into medical societies this code became the cornerstone upon which the structure of medical organization and medical practice was built. It was not until the founding of the American Medical Association in May 1846 that anything like a uniform national Code of organization or of ethics became current in the United States. The principles of the original code are basically those advocated by Dr. Percival.

After the second World War, the world was shocked to learn of the inhuman medical experiments which doctors under the Nazi regime had initiated or participated in. This resulted in a period of soul searching of all people, and all doctors everywhere. The World Medical Association condemned the atrocities which these doctors had perpetrated in the name of medicine, and in September 1948 adopted the Declaration of Geneva. This declaration was a restatement in terms of Twentieth Century experiences, of the Hippocratic Oath. It stated in one section that, "Under no circumstances is a doctor permitted to do anything that would weaken the physical or mental resistance of a human being, except for strictly therapeutic or prophylactic indication imposed in
the interest of the patient." The Hippocratic Oath had stated,

I will use treatment to help the sick according to my ability and judgement but never with a view to injury or wrongdoing...I will abstain from all intentional wrongdoing and harm, especially from abusing the bodies of man or woman, bond or free. 2

Apparently for the doctors of Nazi Germany this section of the oath had become lost in the translating. In October 1949 the World Medical Association accepted and adopted the International Code of Medical Ethics, which again reflected the Hippocratic Oath. One of the sections of this code stated, "A doctor must give the necessary treatment in emergency, unless he is assured that it can and will be given by others." 3 The Alabama Society for the Healing Arts found however, that this in no way conflicted with their statement forbidding the treatment of people injured in the demonstrations in Selma, Alabama, in March 1965, by out of state doctors even though there were not enough Negro doctors licensed to practice in Alabama who were available to treat the host of injured demonstrators. The Society of the Healing Arts notified the many Negro and White doctors who entered Selma that if they practiced any medicine while


2 Ibid., p. 16.

3 Ibid., p. 2.
they were there, even of an emergency nature, they would be breaking the law, and would be prosecuted accordingly.

The Declaration of Geneva of 1948 deals even more broadly with the issues of Medical Ethics. It does not lay down a list of laws concerning what the physician may or may not do, but outlines considerations which are humane and basic to the practice of medicine such as,

I will practice my profession with conscience and dignity....I will maintain by all the means in my power, the honour and noble tradition of the medical profession....I will maintain the utmost respect for human life, from the time of conception; even under threat I will not use my medical knowledge contrary to the laws of humanity....and it closes I will make these promises solemnly, freely and upon my honour. 1

There can be no doubt but that the goals set up by this code are honourable and idealistic, where they break down, when they do, is in the personal interpretation. Every physician brings to the interpretation of the Code of Ethics the sum total of his hopes, his fears, his prejudices, his mores, his cultural heritage and his significant life experiences. Thus a morally insensitive and obtuse physician can take a code and make nonsense of it; this is why we need morally sensitive and intelligent doctors. But that is not enough, we also need interpretations of the "Ideals" which will state clearly how we may recognize moral obtuseness.

At the Annual meeting of the American Medical Association in Chicago, in June, 1956, a revised statement

1 Ibid., p. 18.
of principles of medical ethics was accepted with the following preamble.

These principles are intended to serve physicians, individually or collectively, as a guide to ethical conduct. They are not laws; rather they are standards by which a physician may determine the propriety of his own conduct. They are intended to aid physicians in their relationships with patients, with colleagues, with members of allied professions, and with the public, to maintain under God, as they have through the ages, the highest moral standards.

The code has ten sections, and deals primarily with the three areas outlined in Percival's code; namely the physician's obligation to his patients, his colleagues, and his community.

The Canadian Medical Association was established in 1867, the year of Confederation. At this time there were already established medical societies in the provinces of Nova Scotia, Quebec and Ontario. These societies were more concerned about weeding out the quacks in their midst, and about introducing improved medical legislation for the control of unqualified practitioners, than they were about medical ethics. However, at the semi-annual meeting of the College of Physicians and Surgeons of Lower Canada, held at Montreal on May 12, 1867 Dr. Marsden of Quebec made the following statement:

In consequence of the important changes that are about to take place in this great and growing country under confederation, and in view of the beneficial influence which the

American Medical Association exercises on the medical ethics of the United States of America, your delegate would respectfully offer a suggestion that the formation of a Canadian Medical Association to consist of all members of the profession in good standing in the Dominion of Canada, is worthy of serious consideration and action of this College.  

At the first regular meeting of the Association in Sept. 1868, a Code of Medical ethics was drawn up, consisting of 

The duties of physicians to their patients, and of the obligations of patients to their physicians; duties for the support of the professional character, professional services of physicians to each other, of the duties of physicians regarding various offices, of the duties of physicians in regard to consultations, of the duties of physicians in the case of interference, of differences between physicians, and of pecuniary acknowledgements.  

This code of ethics reflects the influence of Percival's Code and of the Hippocratic Oath. As was common with much ethical thought of the day, the code made no mention of the physician's responsibility to society. 

The Medical Act of British Columbia became law in 1886, and Dr. Israel Powell was elected the first president of the Medical Council of British Columbia. The Act of 1886 was amended in 1898 and an entirely new Act was passed in 1909. In 1912 the Province passed the necessary enabling legislation to include the Canada Medical Act as a prerequisite 

---

2 Ibid., p. 295.
for licensing in the province. The Code of Ethics which is used by the physicians practicing in British Columbia is really the Code of Ethics of the Canadian Medical Association which was amended and adopted by the College of Physicians and Surgeons in this province. It closes with the words,

The complete physician is not a man apart and cannot content himself with the practice of medicine alone, but should make his contributions, as does any other good citizen, towards the well-being and betterment of the community in which he lives. 1

The Code has come a long way since 1868.

**Formulation of the Code**

There is so much unresolved controversy surrounding the whole field of medical ethics that it may savour of brashness and foolhardiness to offer any summary opinions on the subject. However, in this instance since valor is more necessary than discretion it may be thought both legitimate and feasible to analyse some of the main provisions of existing codes of ethics, to voice some of the criticisms that have been levelled at them then try to offer some assessment of the force and cogency of those criticisms.

Austin Flint 2 in his discussion of the Code of Ethics, proposes three main divisions for the subject. They

---


are the duties of physicians to their patients, of patients to their physicians, and of physicians to each other. He makes no mention of the duties of physicians to the community. He states that Physicians should always be ready and willing to go to the service of patients when called. They should visit whenever the need for one is indicated, but should not visit unnecessarily. They should treat with utmost confidentiality anything that they learn about their patient in the process of treating him, and should not indulge in gossip about them even with their medical colleagues. He further states that physicians should refrain from gloomy prognostications to the patient about his health, and they should never abandon a patient just because they have diagnosed his case as hopeless. It is also their responsibility to make use of consultation whenever they feel that it is in the best interest of the patient, and they should give the patient continued emotional and moral support throughout their contact with him.

To the patient, Dr. Flint's advice is that he be very careful in his choice of his doctor. But having made his choice, he should remember that a doctor is a very busy person, and should not be called unnecessarily or for trivialities. In the event that the doctor needs any information from him, he should answer all questions truthfully, and completely, not hiding any of the facts. However, he should stick to discussion pertaining to his illness and not allow the visit to degenerate into a friendly little chat. He
should pay his bill promptly, and in the event that he is dissatisfied with the service which he is receiving, he should dismiss the doctor courteously and promptly.

Dr. Flint's advice to physicians regarding their relationship with each other places some emphasis on unfair competition. He suggests that they should not try to belittle a colleague to a patient, they should not advertise and they should not gossip about each other. He advises them to obey the law, not to use secret potions on their patients, and not to charge a fee for service to a colleague or his family. He recommends the use of consultation very highly, when indicated.

The Principles of Medical ethics which were accepted by the American Medical Association in 1956 dealt with three factors which were not covered by Dr. Flint. These are: section #2 which states "Physicians should strive to improve medical knowledge and skill."¹ And section #4 which states "the Medical profession must be safeguarded against members deficient in moral character and professional competence...they should expose without hesitation, illegal or unethical conduct of fellow members of the profession."² And finally, "The responsibilities of the


² loc. cit.
physician extend not only to the individual but also to society and demands his cooperation and participation in activities which have as their objective the improvement of the health and welfare of the individual and the community.1

The code of ethics of the British Columbia Medical Association has twenty seven sections, and covers everything from the physician's duties to his patients, to radio broadcasting, paid advocacy and patent preparations. As one reads it one is reminded that as the preamble to the 1956 American Medical Association principles of ethics pointed out - these are not laws, these are merely guides to help the physicians determine the propriety of their own behavior.

Elliott traces ethics from the word 'ethos' meaning usage, custom or habit, and, in a professional sense, "what you ought to do and ought to be."2 He further points out that the most important influence controlling a doctor's conduct is not the medical association, but his own conscience. This is a very interesting argument in the light of the fact that Dr. Elliott is a medical practitioner in South Africa and presumably subscribes to the tenets of apartheid. If this were in fact so, it would support the argument that the ideals of the code need clear interpretation so that there will be no misunderstanding of their intent,

1. loc. cit.

by any members of the profession.

In his discussion of medical ethics Chauncey Leake separates the two existing ethical positions into idealism which stresses the interests of humanity, and Hedonism which emphasizes the interests of the individual. He sees the Hedonist as being interested entirely in personal pleasure and the idealist as being for the furtherance of the welfare of society. He states that the ethical basis of the professional system of etiquette is primarily hedonistic, and works towards promoting the dignity and pecuniary advancement of the individual physician and of the profession as a whole. Whereas, the ethical basis for the profession's attitude towards the sick and society is idealistic and displays concern for the ultimate welfare of society. It is difficult to compromise these two positions. Dr. Leake introduces the idea of a difference between medical etiquette and medical ethics.

Medical etiquette is concerned with the conduct of physicians towards each other, and embodies tenets of professional courtesy. Medical ethics should be concerned with the ultimate consequences of the conduct of the physician toward his individual patients and toward society as a whole, and it should include a consideration of the will and motive behind this conduct. 1

Dr. Leake throughout all of his writings on medical ethics, stresses the fact that confusion exists concerning the difference between medical ethics and medical etiquette. This con-

1 C.D. Leake, Clearing the Confusion in Medical Ethics, Reprint. Ohio State University Medical Journal, vol.20,1957, p.25.
fusion is most apparent in the Code of Ethics of the British Columbia Medical Association in which 16 of the listed 27 sections deal with the etiquette of the physicians' dealings with each other, and only 7 with the ethics of their relationship and duties towards their patients.

The development of ethics in a physician are the result of,

Broadly human, moral, evolutionary and educational influences common to all of an age and generation. But, ... an added ethical complexity, one which segregates the physician into a class upon which an increased burden is placed, to this group there are presented not only the universal ethical demands of morality and philosophy (responsibility, rationality, freedom of individual thought and action, choice of pleasure and of work, good will, duty, service, self sacrifice and honesty,) but to each individual physician's ethical existence, there is linked also closely a special opportunity, and a task, upon which devolve frequently the choice and occasion of actually controlling the psychic, moral and physical wellbeing - even the very existence of his fellows, community or nation. 1

In other words the physician has extra privileges and extra responsibilities in his dealings with people. His code of ethics is built on the base of ethics which are accepted by all the members of society, but because of his peculiar powers additional checks and balances have been added to his code of ethics to guide his use of this power and to safeguard against his abuse of it. As Sperry pointed out, if we accept Tawney's

---

distinction between trades and the professions, quite apart from concern for corporate self defense on the part of its members, the hallmark of a profession is its insistence upon moral standards which are higher than those which would obtain in the world at large. "In short, the practise of medicine asks more, normally, of the practitioners than the community as a whole asks of its members." 1 And within the boundaries of any given profession, the conscience of the professional man represents the crystallized attitude of his group, and the usage of his group as a whole is ethically in advance of the commercial and industrial world. The distinction between the mores of the professions and of trade have set up a double moral standard in society. Although theoretically this is deplorable, in actual fact, this existence of a higher standard, and its acceptance by the professions, challenges all lower standards round about.

The Administration and Promulgation of the Code of Ethics

As principles depart from fundamental ethical principles and encompass regulations to govern particular conduct, they become a code of laws. 2 This in fact is what has happened to many principles which were formerly found in codes of ethics. Many of these principles have been removed from the realm of jurisdiction of


the professions and placed under the jurisdiction of the government. In most instances the law is laid down in the form of a medical Act, and the local college of physicians and surgeons is given the power to administer it. These Acts should not be confused with codes of ethics, although they include items which were formally handled by the code. A violation of a Medical Act is a breach of the laws of the province or State which enacted the Act, and is dealt with as with any other violation of a law. The violations of the code of ethics is unethical, and may be frowned on by society, but it would not be considered illegal. Violations of the Medical Act, are dealt with by the courts in conjunction with the College of Physicians and Surgeons and the handling of these violations is clearly set forth in the Act. The line between violations of the Act, and breaches of the Code of Ethics is so thin, that they are both handled by the College of Physicians and Surgeons. The Medical Association tends to concentrate on economical and educational matters, and leave licensing and ethics to the college.

The Medical Act of British Columbia is a Statute on the law books of the province. It states that all practitioners in the province must be licensed, and be registered members of the College of Physicians and Surgeons in British Columbia. The College is responsible for the keeping of the register of all physicians practicing in British Columbia, the determination of registration fees, the determining of the relationship between the College and the Medical Council
of Canada including professional conduct and evidence of
good citizenship of all candidates for registration, and
interpretation of the Medical Act and the Code of Ethics for
all practitioners. Practitioners are continually reminded
that if they are ever in doubt about the legality or efficacy
of a course upon which they are about to embark they should
phone the College and discuss it, and ask for a clarification
of the situation. They are also reminded that as in law,
ignorance is no excuse since interpretation and clarification
is as near as their telephone.

Some of the items covered by the Medical Act of
British Columbia, which used to be handled by the Code of
Ethics are the items covering the giving of medical or surgi-
cal aid in cases of emergency, "if such aid is given without
hire, gain, or hope of reward."¹ And the unethical act of
placing the name of a druggist or drugstore upon any pre-
scription issued by a physician. The Act also makes it
illegal for any member of the College to take or "receive
any remuneration by way of commission, discount, refund or
otherwise from any person who fills a prescription given or
issued by such member."²

The Code of Ethics of the British Columbia Medical
Association has nothing to do with the Medical Act. Unlike

¹ Medical Act. R.S. 1948, C206, S.1., British Columbia,
pp. 2623-2646, Section 72#A, p. 2640.

² Ibid., Section 79, p. 2641.
the Medical Act, the code prefers to handle such unethical acts as overcharging and dishonest billing, and many areas covered by what Chauncey Leake refers to as medical etiquette. The Code is administered by the College of Physicians and Surgeons which has a standing committee on Ethics. Its role is twofold: (1) to handle breaches of the Code, (2) to promulgate the code and to continually inform the practitioners of the sections of the Code. Any complaint to the committee on Ethics has to be made in writing. On receipt of the complaint, the committee has to decide whether the complaint is worth investigating or not. If the committee decides that the complaint indeed merits investigation, the practitioner against whom the complaint was laid, would be notified in writing of the complaint and the name of the person who laid it. He would then be requested to appear before the committee within thirty days to defend himself against the charges laid against him. All hearings of the committee are held in Camera, and the doctor's name is not revealed unless he has been found guilty and the committee has recommended suspension. The recommendation of suspension is a serious one, and is almost never resorted to except in cases where it has been proven that a patient's rights have been gravely abused, with serious results.

The Committee on Ethics will often warn a practitioner that a certain act was unethical and that he should desist in pursuing it. Or, when necessary, it would recommend that a practitioner seek medical aid, or such aid as
was necessary to cure him of the addiction or whatever it was that resulted in the unethical act or acts which led to his appearance before the committee. The committee reports its activities in the College newsletter. As stated earlier, no names are reported unless the decision has been reached to recommend suspension of the offending practitioner. The Canadian Medical Association has its own Committee on Ethics, which gives an annual report each year at the annual meeting of the Association. In dealing with the handling of breaches of the code of ethics, one must remember that we are not dealing with a violation of the Medical Act, or even with an illegal act covered by any area of the criminal code. Those acts which Society has come to feel are too important to be considered merely unethical have been incorporated in the Medical Act or are covered by the Criminal Code of Canada. Because of this the code of ethics has been criticized for having no teeth in it.

The second function of the committee on Ethics is education. The committee is always publishing reminders in the College newsletter for Spring 1964 had no less than six reminders covering various subjects from unethical telephone advertising to a word of caution on the prescription of addictive drugs. The same issue also carried reminders of various sections of the Medical Act.

One of the concerns of the public is with the ability and methods used by the medical profession to teach its code of ethics to all its members and the effectiveness
of its methods of disseminating its provisions. Dr. Means feels that along with his clinical training the medical student has to learn what means refers to as his "public responsibility". Here he says is one of the major objectives of medical education. It is an objective which has not been met very well as yet, although some beginnings have been made. Medical education has been too much engaged with cramming the student with factual knowledge, and not enough with impressing him with the nature of his responsibilities.

"Since medicine is vitally concerned with human relations, as well as with the application of scientific fact, it is necessary that the moral side as well as the intellectual, receive due emphasis."  

At the University of British Columbia, the medical students receive two formal lectures on medical ethics in their final year. However, it has been stressed that personal responsibility, moral conscience, and the trust which is placed in doctors, are principles which are pointed out and repeated to the students throughout their four years of study. The accent is placed on the fact that because the doctor is an independent operator he has a much greater responsibility to his patients, his colleagues and society. He should regard the code as a guide to behavior, and he is expected to incorporate these guides and make them a part

---


2 loc. cit.
of his thinking and action. At the time when the doctor receives his licence to practice he is given a copy of the Medical Act and a copy of the code of ethics, the latter which he has to sign, stating his intention to abide by all its tenets.

Another method of promulgation consists of constant reminders in the monthly newsletter regarding various areas of ethical behavior. An example would be,

It has been drawn to the attention of the Committee on Ethics that names of certain doctors are listed in the yellow pages of telephone directories in municipalities where they do not have a residence or office...constitutes unethical advertising.... 1

A third method reminder involves articles in journals, and speeches on ethics. A search of the literature will show that papers on ethics are regularly presented at medical meetings and published in medical journals. As the American Medical Association points out an act should not be judged as ethical or unethical on the basis of whether it appears in a code of ethics, but should be based on 'unchanging' principles. It is difficult to conceive of methods, other than the ones already being utilized which could better spread the knowledge of the codes of ethics of the profession among its practitioners. As the committee on Ethics at the 1964 meeting of the Canadian Association stated,

the strengthening of the moral fibre of the individual physician is to be found in the home, later in his school, and later still during undergraduate years. After graduation his association with his ethical colleagues must give the moral support. 1

Implementation of the Code of Ethics

Much has been written concerning violation of the code of ethics, and the consequences of such acts of violation. But the general attitude among medical writers seems to be that implementation of the code is automatic. No one ever wonders whether the doctor does in fact have as his primary objective the rendering of service to humanity with full respect for both the dignity of man and the rights of patients. Or whether the physician does indeed strive to improve his medical knowledge and skill. It is true that courses in continuing education are given by most reputable medical schools to encourage the doctor to improve his medical knowledge, but no record is kept to see whether all doctors do in fact take advantage opportunity. As Chauncey Leake stated, a physician is "more readily jeopardized by violations of professional etiquette than by transgressions of general morality since the latter is more easily concealed from his colleagues." 2


Eddy's approach to the implementation of a Code of Ethics is different. He feels that although a doctor has a duty in dealing with his patient to bring to the exercise of his profession, "a reasonable degree of care and skill," this duty comes into existence only after the establishment of the doctor-patient relationship. Consequently he adds,

If a doctor sees a person lying injured in the street who is in danger of dying of haemorrhage, and passes him by, he is not guilty of negligence, because there is no relationship, consequently the doctor owes the injured person no duty.  

This interpretation is in direct contradiction to the International Code of Medical Ethics which states that a doctor must give necessary treatment in an emergency. Yet there is no doubt but that some doctors sometimes do rationalize their reasons for not doing as the code of ethics directs, and as Leake pointed out, these omissions can be concealed effectively. Elliott in his discussion on professional responsibility, raises this same problem but argues that the doctor who refuses to attend the person lying in the street clearly in need of medical attention, must be able to justify his refusal before his conscience, or before any enquiry that might be held into his conduct. These conflicting opinions point up the need for a clear interpretation of the Codes of Ethics by the organization which is responsible for its administration, implementation and promulgation.


2 loc. cit.
Provisions for Review and Revision

The evidence shows that the medical profession hardly needs to undertake frequent, periodical reviews of its very general and age old ethical principles since they are stated in such terms that they will continue to command agreement through a variety of changing circumstances; but their bearing upon particular problems and controversies will vary in accordance with the changing content of those problems and controversies and in accordance with the changes in the interpretation of the general principles which accompany changes in the moral climate of a society. The medical profession's attention to these matters shows considerable variation in responsiveness to what is currently relevant or urgent, in sophistication of analysis, and in specification of what the duties of its practitioners, both individually and collectively, are held to be in regard to the issue in question: in some cases the profession's stated position on such matters is alertly up-to-date, expert in detail, and unambiguous in recommendation, but in other cases it is none of these things.

Once in a while an incident may so shock the entire medical profession that it is forced to take a second look at its code of ethics, and reappraise it. This is very rare, but one such incident was the discovery of the atrocities performed by the doctors of Nazi Germany during the second World War. Knowledge of these atrocities resulted in unanimous agreement among the doctors that their code of ethics
needed to be revised. The Committee on Ethics is responsible for studying and recommending any revisions which may seem necessary in the Code of Ethics of the British Columbia Medical Association. The committee can recommend a revision to the general meeting of the Association and the membership vote as to whether they should accept the recommendation or not. Often there is some disagreement among the membership and the recommendation is returned to the committee for further study. The recommendation is published in the Association organ so that all members have a chance to give it some thought before actually voting on it.

Implications for Social Policy

"It has been said that every profession is a conspiracy against the public."¹ And when one sees all the secrecy which surrounds the activities of the medical profession, one may wonder whether there is not some truth in the complaint that "Medical ethics are merely a cloak behind which influential members of the profession may influence professional politics or obtain professional advantage."² Chauncey Leake assures us however, that the development of medical ethics has always been a profound factor in promoting medical standards, and that, "from the earliest times the moral character and general cultural behavior of the leaders


in medicine have set a high example by which all members of the profession have been judged.¹ The essence of the doctor patient relationship is the promise of the doctor to take responsibility for the patient once he has accepted his care, and the freedom of the patient in his choice of a physician. Today, specialization is leading to a breakdown of this relationship and is jeopardizing some areas of ethical conduct. As Fitts pointed out, in order to replace this loss of the intense individual responsibility it will probably become necessary to develop a wider and greater sense of collective responsibility of the profession to society.

The absorption of the average physician in his own demanding practice has made him peculiarly blind to the inadvertent gaps in medical care that have arisen through social and economic forces outside his immediate acquaintance. ²

He feels that the passive attitude which doctors have towards the public in general, as opposed to their own patients, may be the result of the nature of the early history of medical care, when in self protection they had to close their ears and eyes to all but the few that they could help out of the multitude of sick and dying around them.

Ethical rules, like all rules are resistant to change, and herein lies one of the dilemmas of medical ethics. In a dynamic and changing society, where ideas, beliefs, and

¹ loc. cit.

attitudes change, ethics have remained essentially unchanged. Because of this many members of the profession are unprepared to handle questions of germ warfare, medicare, racial conflict, abortion, vasectomy, and euthanasia, questions to which the public looks to the medical profession for guidance which so far it has failed to give. The need for changes in ethics arises out of conflict between the profession and its environment. The environment may be within or outside the medical group. Changes may be the result of changes in medical sciences as seen for example in the new ethical problems which were raised after the discoveries of Pasteur and Lister and led to the increasing importance of hospitals. Or they may be due to the growth of industry and the rise of large cities, and widening differences of income between classes which are reflected in a wide variety of ethical strains and stresses. It is significant that some members of the American Medical Association seemed to be aware of the need to shift emphasis, for in 1956 its council on constitution and bylaws drafted a new code comprising only ten sections which tried to deal, among other things, with the doctor's responsibility to society.

In a recently published article Theodore Rosebury posed the urgently topical question, "Can physicians justifiably acquiesce on participate in research and development in biological warfare, especially on a long term basis, as an activity presumed to be permanent, or not explicitly
limited in time?"¹ As Rosebury goes on to point out, his question pertains to the ethical principles governing the connection between physicians and war, especially biological war, and these questions have not been dealt with by any medical codes. The individual practitioner is then left with the problem of deciding which is more important: his duty to work for his country or his commitment to the preservation of human life.

This matter of multiple allegiances affects other areas of the physicians' life. The physician in practice is bounded not only by his own code of ethics, but also by the code of ethics of the hospital in which he practices, and by the codes of ethics of other disciplines with which he has to work. Attempting to adjust to all of these codes must cause many practitioners many painful hours of soul searching.

The moral problems of abortion, vasectomy, and Euthanasia are still being hotly debated by medical groups around the world. In some countries in the Far East the performance of abortion is no longer considered unethical but in North America it is not only 'unethical' but illegal unless performed when the mother's life is endangered by the act of childbirth, and the same is true of Euthanasia. Although the Code of Ethics of the British Columbia Medical

---

¹ Theodore Rosebury, Medical Ethics and Biological Warfare, Perspectives in Biology and Medicine, University of Chicago Press, (Summer 1963), p. 514.
Association deals with the induction of abortion, it does not deal either with Euthanasia or Vaesectomy. Despite this, most doctors will refuse to perform either, and the doctors who perform Vaesectomies do so surreptitiously and in an aura of guilt. Despite the fact that the Committee on Ethics at the 1964 convention of the Canadian Medical Association reported that a vaesectomy, "when done for an adequate reason is not unethical,"¹ and presented a resolution which read,

> Sterilization is ethical when it is carried out for valid reasons, provided it is not against the professed religious or moral convictions of the patient, or his legal guardian, or the hospital administration, or the medical personnel directly involved. The operation should be performed in hospital and with adequate medical consultation. ²

The Canadian Medical Association showed that it was not yet prepared to take a stand on such a controversial issue by referring it back to the committee for further study.

A study of medical ethics through the ages shows that the emphasis has shifted from a detailed concern with the physician and his practice, to the physician and his role in the society in which he lives. More of the items in recent codes of ethics show concern for the growing responsibility which the physician has to mankind and his mandate not to shirk these responsibilities. There is a recognition that no one is going to stand breathing over the physician's


² loc. cit.
shoulder to see whether he is living up to his ethical responsibilities, and an acceptance that the onus is on each individual practitioner to be true to himself. There is some concern among the public and the physicians themselves however, as to whether they are equal to the task, especially in the light of rapid cultural changes and the doctors' relative unpreparedness for such changes.
Brief History of the Profession of Social Work

Throughout history, the problems of poverty, illness, and social disorganization have existed, but the industrialization and urbanization of the Nineteenth and Twentieth Centuries magnified these problems to the extent that the traditional institutions of family, neighbourhood, local community and church could no longer adequately cope with them. Out of this situation arose the need for a broader system of social services, staffed by qualified personnel, under public and private auspices. The same period saw the development of rugged individualism which affected the philosophy underlying the establishment of services and the attitude with which they were administered. The later development of humanitarian ideals with emphasis on society's responsibility for its members offset to some degree this individualism, but the residual influence of this philosophy remained active. The progress of the biological and social sciences provided new tools for the investigation and alleviation of problems that gained increasing recognition.

To attempt a detailed historical analysis of the
birth and growth of social work as a profession, and to outline the work of the people whom the profession claims as its forefathers, are not the intentions of this study. However, a limited selection of pertinent detail is necessary for an understanding of the core content of this chapter.

The earliest beginnings of the profession are rooted in the English Poor Law of 1601 which established overseers of the poor to process applications for assistance, investigate conditions, determine eligibility, and decide the type of help to be offered to the applicant. During the next two hundred and fifty years in England, private charitable societies were organized to supplement the inadequate and punitive governmental provisions for the sick, the unemployed, and the poor. These societies were staffed by volunteers who administered assistance. To coordinate activities, the Charity Organization Society was founded in London in 1869. The staff of volunteers assisted families with money, clothing and food, but the main emphasis of their work was on the hope of exerting moral influence in order to effect a changed way of life. Other large cities in England and Scotland established similar organizations, and in 1877 the movement reached the United States. It formed the groundwork for casework as individual help and for community organization.¹

The practical experience of these volunteers in working with clients created in them doubts that poverty and unemployment were, as the theory of that day claimed, the

result only of personal weakness, mismanagement, and negligence. Their feelings were supported at the turn of the Twentieth Century by the findings of anthropology, sociology, biology, and economics. They began to advocate measures to change the social conditions which they believed were contributing to indigence, unemployment, and illness. Recognizing, moreover, that social reform could not solve all problems, many of the workers and volunteers in the organized societies saw the need for greater knowledge and specialized training in personal, social, and economic difficulties and their attempted alleviation. In 1898, the Training School for Applied Philanthropy in New York organized the first social work courses,\(^1\) with the University of Toronto following this example in 1914.\(^2\)

The development of psychology and psychiatry early in the Twentieth Century shifted social work's primary focus from the economical, environmental and sociological to the psychological and emotional. The shortage of psychiatrists during World War One resulted in social workers assuming greater responsibilities. Psychiatric training for social workers was offered at Smith College in the United States from 1918.

With a better psychological understanding of human behavior and a more realistic evaluation of economic factors,

---


social work developed a more democratic approach to clients with a recognized respect for the dignity and worth of the individual.¹

Group Work, as part of the social work process, first gained recognition during the second decade of this century.² The history of this method is rooted in the early settlement house work of the nineteenth century. "A different use of the group work process was made when mental hospitals and child guidance clinics began to introduce recreational programs as a method of therapy for mentally ill, mentally defective and nervous patients."³

The Community Organization method of social work has its main roots in the charity organization movement in the United States. One of the objectives of the Association for Improvement of Conditions of the Poor, founded in New York in 1843, was the coordination of the work of the charities and the philanthropic societies.⁴ The Charity Organization Societies in the United States recognized as their principal goals this type of coordination to prevent the overlapping and duplication of services and to encourage

¹ Friedlander, op. cit., p. 155.
³ Friedlander, op. cit., p. 167.
cooperation between social agencies. From the beginning, the financing of charities was a major interest to the Societies. Eventually in the early Nineteenth Century, Community Chest organizations developed specifically for the financing of social welfare programs. Other purposes of community organization agencies currently include planning and coordination of services, fact finding, social action, community development and public relations.

Administration is another recognized facet of social work, adopted to the objectives of the profession. The goal of administration in social work agencies is to provide efficiently those services peculiar to the agency, in the best interests of its client group. Knowledge of social legislation and social work practice, and thorough experience with the philosophy and methods of social welfare are necessary requirements for this area of professional work.

Still another area of social work is Research which is described by Walter Friedlander as "...the critical inquiry into and the scientific testing of the validity of social work organization, function, and methods in order to verify, generalize and extend social work knowledge, skill, concepts, and theory." Many of its concepts have been adopted from the related fields of sociology and psychology.

Although the methods applied in each of these areas

2 Ibid., p. 215.
are different, they all require certain common knowledge and skills held to be particular to the social work profession as it exists today.

The Formation of the Canadian Association of Social Workers

At Toronto, in 1924, during a meeting of the National Council in Social Work, a luncheon meeting was arranged which had as one of its purposes the discussion of the possibility of organizing a Canadian Association of Social Workers. A few Canadian workers held membership in the existing association in the United States, but it was recognized that such a relationship would be unsatisfactory to the large number of social workers throughout Canada. At this time social services were relatively undeveloped. Social work itself was undefined, but the workers were becoming increasingly aware of themselves as a distinctive group with corporate professional responsibilities. Out of this awareness grew a need for a more substantial group identity in the form of a professional association which was conceived, from the beginning, in terms of national scope since the uneven provincial distribution of workers prevented cohesive organizational operation on that level.

Composed of social workers from across the country, the Toronto group agreed that Canadian social work must develop

1 Maines, op. cit., p.5.

according to the specific needs of the country and of its individual communities.\(^1\) A provisional committee was established at that meeting to undertake the necessary organizational work. The following year saw the next meeting of the full committee to consider the draft constitution and by laws that had been drawn up by its members in consultation with other Canadian workers, and to evaluate the revisions that had been recommended. In 1926 representative social workers from the major Canadian cities of Winnipeg, Toronto, Montreal and Halifax met in Montreal where the draft constitution and by laws outlining the purposes of the association, its organizational operation, and the membership qualifications were formally adopted.\(^2\) A few months later other representatives "met in Toronto and confirmed the actions of the Montreal meeting".\(^3\)

The stated purposes of the Canadian Association of Social Workers were:

The Association aims to bring together professional social workers for such co-operative efforts as may enable them more effectively to carry out their ideals of service to the community. To this end the Association may seek to promote professional standards; encourage adequate preparation and training; cultivate an informed public opinion which will recognize the professional and technical nature of social work; issue an official organ, maintain a professional employment service; conduct research, and carry on such other activities as it may deem appropriate.\(^4\)

---

\(^1\) Maines, *op. cit.*


\(^3\) J. Maines, "Through the Years", *The Social Worker*, vol.22, no. 2 (December 1953), p.3.

The administration and control of the affairs of the Association were vested in a Council composed of representatives from each province.¹ A provisional executive committee was formed to handle these matters until the first general meeting of the Association was held in 1928 when executive officers were elected by the membership.²

Each local branch was granted autonomous authority, but with a stated and agreed upon commitment to the national Association. Later arrangements gave each branch direct representation on the Board of Directors.³ Delegate meetings were scheduled every two years.

"Early in its history, the Canadian Association of Social Workers established minimum standards by which the Schools of Social Work in Canada would be assessed, in connection with the application of the graduates of these Schools for membership in CASW."⁴ (At that time there were only two Schools of Social Work in the country, one at the University of Toronto established in 1914, and one at McGill University established in 1918. Both were undergraduate schools.)⁵

Since that time the Association has adopted the

---

¹ Maines, op. cit. (October 1959), p.7.
² Maines, op. cit. (December 1953), p.3.
³ Ibid., p.4.
⁴ Ibid., p.7.
policy of recognizing the Schools of Social Work in Canada that are recognized by the United States Council on Social Work Education. The School of Social Work, University of British Columbia, is due for re-accreditation by this Council in 1967. There is no comparable council in Canada, although the National Committee of the Canadian Schools of Social Work and a number of other bodies are currently engaged in discussion of the advisability of establishing one.

The Canadian Association of Social Workers initial funds were provided by private donations. Four committees were established at the time of its formation to carry out the program outlined. The subject of ethics was not considered until 1932, with the first Code of Ethics of the Association adopted by the membership in 1938. Since that time the Code of Ethics underwent major revisions that were presented to and adopted by the membership in 1956 and 1964 respectively. The formulation and revision of the Codes will be discussed in greater detail in the following pages.

Under Part II, Chapter 53, of the Revised Statutes of Canada, 1952, known as the Companies Act, Letters Patent established the Canadian Association of Social Workers as a corporation under that name on October 29, 1956 for the following purposes and objects:

(a) to promote, develop, and sponsor activities appropriate to the strengthening and unification of the social work profession;
(b) to encourage and assist in the development of

1 Ibid., p.7.
high professional standards amongst its members;
(c) to promote the well-being and development of its
members as professional people;
(d) to provide a means whereby the Corporation through
its members may take action on issues of social welfare;
(e) to edit and publish books, papers, journals, and
other forms of literature respecting social work in
order to disseminate information to members of the
Corporation as well as to members of the public;
(f) to encourage specialized studies in social work
amongst its members and to provide assistance and
facilities for special studies and research;
(g) to carry on such other activities in relation to
the foregoing as may be deemed advisable.

The operations of the Corporation could be carried
on throughout Canada and elsewhere, with the Corporation's
head office in Ottawa. The Board of Directors was reappointed
as directors of the new Corporation.¹

The Formation of the British Columbia Association of Social
Workers

Several important factors led to the incorporation
of a provincial association of social workers in British
Columbia in May, 1958, thirty-two years after the formation
of the Canadian Association of Social Workers.²

The peculiar geography and the differences in
population concentration in this province with their accompany­ing difficulties in transportation and communication led to
a sense of physical, psychological and professional isolation.
The available supply of fully qualified professional social

¹ R. Harvey, "Editorial", The Social Worker, vol.25,
no. 3. (April 1957), pp. 2-3.

² D. Thompson, "British Columbia Association of Social
Workers - The First Year", The Social Worker, vol. 27, no.4
(October 1959), pp. 48-49.
workers could not meet the manpower demands of the provincial department providing welfare services to the entire province. Consequently, an in-service training program had been established by the department, employing large numbers of people, professionally untrained, in social work positions. These people, approximately two hundred in 1956, were not eligible for membership in the national Association, and therefore had little "professional" social work identity. A third factor was the growing feeling that the professional practice of social work in British Columbia could not, without adequate legal recognition, secure proper professional status. It was felt by the British Columbia workers that these factors were extremely difficult to overcome within the structure and methods available to the national membership at that time.

Over a seven year period the idea of forming a provincial association which would remain in harmony with the aims and objectives of the C.A.S.W. and, so far as possible, within the constitutional structure of the national organization, was discussed.

In 1954 the membership of the three established national Branches in British Columbia formally ratified a committee to formulate plans for a provincial organization.

---

1 Ibid., p. 49.
2 Ibid.
On the basis of the reports of this committee and its conclusion that major changes in the national association would be necessitated to permit provincial organization, ratification was gained for a study of the situation by a National Committee. ¹

In May, 1958, the provincial incorporation was carried out, and the B.C.A.S.W. was accepted as a corporate member of the parent association. ² Voting delegates represented the initial membership at the British Columbia group's first meeting. The essence of this incorporation was the interjection of another level of operation into the provincial structure to fill a recognized organizational gap. ³ What were local offices of the C.A.S.W. became provincial branch offices. The incorporation was considered by the provincial workers to be a major step in the direction of licensing ⁴ which now, seven years later, is still a subject under review.

The revised Code of Ethics which had been adopted by the membership of the national body in 1956 was accepted by the newly formed B.C.A.S.W. without change. ⁵

The Formulation of the Code of Ethics

Six years after the founding of the Canadian

¹ Ibid.
² Ibid.
³ R. Hawkes, Interview with the writer, 2 December 1964.
⁴ Hawkes, op. cit., p. 53.
⁵ Hawkes, op. cit.
Association of Social Workers in 1926 the subject of ethics as a study project was undertaken. Appointed by the Association's executive, a national committee correlated the efforts carried on in sub-committees, Board meetings and local branches throughout the country, and by 1938 the first Code of Ethics for the Canadian Association of Social Workers was drawn up and adopted on the vote of the organizational membership.

The national committee continued for the next two years to review those matters raised in connection with the implementation of the Code of Ethics and with its reported violation. In 1940 the committee was discontinued on a national level on the decision that the national Board of the Association, or the local branches, by special committees appointed by the national Board or the national Executive, should implement the Code of Ethics constructively and ensure that those reviewed receive a fair hearing. The literature of the Canadian Association of Social Workers does not outline the reasons which prompted its members to develop a written Code of Ethics. It is generally accepted that the primary purpose of social work is to promote social welfare, and this "results in a continuing concern for competence and quality of service." Social work, as other professions,

---

1 Maines, op. cit., (October 1959), p.11.
2 Ibid., p. 20.
stands for something which it deems highly essential to the common good of society, and which its practitioners firmly believe they have a unique part in providing as a service to the rest of society.\(^1\) This service ideal is translated into action by competent performance based on broad principles collectively understood, adjudged, formulated and sponsored by the professional group. Such a process calls for an ideal of controlled conduct - recommended, regulated behavior which is considered (by the practitioners) most likely to result in the achievement of the goals on which the profession is focused. The service and conduct ideals are gathered together into a body of principles called ethics, and codified into prescriptions of recommended behavior.

Although little has been written on this stage of the development of Canadian social work, it is reasonable to conclude that the 1938 Code of Ethics of the national Association provided a more formal basis on which practitioners were to make decisions regarding their professional conduct and the quality of their performance. It is also reasonable to conclude that the Code of Ethics was a regulatory device designed to protect both the public and the professional practitioners from abuses and incompetence on the part of those seeking to practice without adequate academic and personal qualifications. For the first time, Canadian workers

set out in written form a statement outlining the priorities of their values in order to establish, develop, maintain, and insure adherence to service standards in a knowledgeable and informed manner that the general public could not efficiently do. By publishing the Code of Ethics the members of the Canadian Association of Social Workers were openly proclaiming their commitment to the public whose confidence in their work was, no doubt, expected to be increased by such action, and who would, therefore, attribute greater recognition, status and prestige to the professional group, thereby obtaining greater societal sanction for practice, and enhancing the social workers public image.

The possibility of promulgating and enforcing recognized standards based on asserted professional principles and codified regulations, and of assessing and censuring the violation of these standards was thought to be augmented.

Description and Critical Analysis of the Content of the Code of Ethics

Since the original Code of Ethics was adopted by the membership of the Canadian Association of Social Workers in 1938, there have been major revisions in 1956 and 1964. The circumstances leading to these revisions and the methods by which they were brought about will be discussed fully in the section related to the Revision and Review of the Code of Ethics. In brief, the number and nature of requests for consultation from the branch offices of the Association to the National Committee on Ethics are used as indicators of the
necessity of revising the Code in order to render it more up-to-date, efficient, valid, and adequate to incidents arising in the field of practice, and to eliminate from it material that appears to be extraneous, or primarily related to the area of personal practice.

The 1964 Code, adopted by the Association's membership in June of that year, is a highly simplified and abbreviated edition which is divided into one section stating the guiding principles of the profession, and a second section outlining the rules of conduct derived from these principles.

In this section the main provisions and features of the 1964 Code of Ethics and their relationships to the provisions and features of the 1938 and 1956 Codes of Ethics will be described and critically commented upon from the point of view of their operational specificity and application to practice.

(i) Guiding Principles

The CASW introduces the 1964 Code of Ethics by stating that: "the profession of social work is based upon a humanitarian concern for the welfare of people in society." This basis does not distinguish the social work profession from countless others which express an identical concern. The stated affirmations of human dignity, worth, and rights reiterates democratic principles that are generally recognized as the "official" ideology of most western countries.

---

Social work's particular contribution to the enhancement of human well-being, is, according to the Code of Ethics, through two main channels: the provision and development of appropriate services, and the promotion of social planning and action.¹ This undefined statement is open to inevitable difficulties in interpretation. The Code does not indicate on what basis a service is deemed to be appropriate or with whom the decision lies. Such services could conceivably be appropriate to the clients' needs or to the competency of the individual practitioner or to the budgetary allotment of the legislature or the agency board of directors. There are additional implications from this statement if appropriate includes in its meaning any concept of adequacy. The alleged competency of the social worker to undertake social planning and action will be discussed under the heading of Implications of the Code of Ethics for Social Policy. It is not clear in the Code if the worker's responsibility is related only to the provision and development of appropriate services, or if he is to be committed to promote all social planning and action which he has interpreted to be a potential enhancement of human well-being.

These observations may be dismissed as an irresponsible manipulation of concepts, the meaning of which are held to be self-evident to practitioners. However, the Association claims as its responsibility the education of social workers.

¹ Ibid.
It would seem reasonable to base such professional education on principles that are well defined, clearly articulated, and open to a minimal degree of ambiguity in interpretation. This statement requires greater emphasis since the Association is, in theory, attempting to educate all social workers regardless of their academic qualifications or experience. In the opening section of the Code, the Association states that "the rule of conduct derived from these principles apply to all social workers in their professional relationships and practice." It follows that if fully qualified workers with the advantage of professional education find the principles too broad to derive any meaningful implications for their practice, the untrained workers will inevitably encounter the same difficulty.

Social work's claim to competence in carrying out its stated duties is that: "it has developed methods of practice based on experience with and scientific knowledge about individuals, groups and communities and their interrelations". It may be pointed out here that the scientific basis of social work has been challenged throughout the profession's growth. The question of whether social work is a science or an art or both is a long standing one even within the profession itself.

According to the Code, "the worker assumes respon-

---

1 Ibid.
2 Ibid.
sibility for increasing his own knowledge and the knowledge content which underlies professional practice."¹ It would be unwise to conclude that the Association does not also recognize the responsibility of supervisors, consultants, agency directors and other social work personnel to educate practitioners, but the stated principle, as it stands, is incomplete.

Another principle that gives rise to questions is that the social worker "strives to insure that all professional tasks are performed by professionally educated people."² This is laudable in theory, but in practice it is disregarded out of realistic necessity. If the Association holds this principle to be ethically sound, then one implication could be that all in-service training programs to prepare people without professional education for social work positions are unethical, and that agencies and personnel involved in administering such programs are behaving in a manner that is not consonant with stated social work principles. The ambiguity of the situation is increased by the fact that the BCASW accepts as members people without professional education who, by virtue of their membership, agree to uphold the ethical standards of the profession. To follow the implications to their logical conclusion, it would appear that these in-service trained members are agreeing to strive to

¹ Ibid.
² Ibid.
insure that they will not perform the professional tasks involved in their positions. Such a commitment would create an inescapable role conflict because it is to perform these very tasks that the agencies have hired them. Both the trained and the untrained worker are placed in an impossible situation if they are to regard this section of the Code of Ethics with any degree of seriousness. The worker is not free to choose to observe only those sections of the Code that appear to him to be intelligible. Where then is he to stand? The intent of the Association may have been much different from this avenue of interpretation, but the answer is not obvious from the Code of Ethics itself.

(ii) Rules of Conduct

The 1964 Code of Ethics lists ten rules of conduct which pertain to and attempt to define ethically the roles of the social worker in relation to clients, colleagues, agency, community and profession.¹ This framework has been used by the three editions of the Code of Ethics formulated by the Canadian Association of Social Workers, although the emphasis and implications within each area have changed as the Codes are periodically revised.

(a) Client Relationships

The first three rules of conduct in the 1964 Code of Ethics pertain to the role the worker is to perform in

¹ Ibid., pp. 1-2.
The primary obligation of the social worker to the welfare of the clients served is a core concept in all the social work Codes of Ethics. However, the new Code has omitted the recognition in the previous editions of "the right and responsibilities of persons and groups served to make their own decisions and to act for themselves unless they give this authority to the agency or unless the agency must act in a protective role to safeguard the persons or the community."¹ This would seem to be an important omission, not adequately spelled out in the 1964 Code by the summary statement that social work "recognizes (the client's) right to be different,"² which is not identical with recognizing their right to exercise those differences.

There is no clear guidance in the new Code about how the worker is ethically to coordinate his obligation to the welfare of his clients and his responsibility to society. The same ambiguity is found in the rule pertaining to confidentiality which will be discussed separately. An example of this lack of clarity in the Code as a guide to practical professional behavior may make this observation easier to grasp. In the course of professional work the client reveals


² Canadian Association of Social Workers, "Guiding Principles," op. cit.
to the worker that he is involved in illegal activities. The worker must decide whether to inform the authorities and expose the client to incarceration and familial repercussions that will be injurious to his welfare, or to withhold the information, and protect his client's welfare at the expense of society's. This is not to say that such a situation cannot be prevented or solved, but it does say that the Code of Ethics gives no indication about practical issues such as the one cited.

The word "obligation" signifies a legal or moral commitment. The professional Association itself is not legally recognized as having authority over its members. Other than in certain areas of professional work where the practitioner has specific legal powers granted by legislation, social workers are bound only in the moral sense. There is no reason to doubt that the profession is composed of people whose sense of moral responsibility varies, as in all human groups. This places greater emphasis on the need for definite, intelligible standards.

The second rule of conduct for this area is that "the social worker holds himself responsible for the quality of his professional performance." This rule is sound but it is incomplete. If this rule is justified as part of the Code of Ethics, then to be workable it would seem advisable

---

to include that the worker is not a free agent solely responsible to himself, but also to his immediate superiors, his agency, his profession and his community. There is a problem in defining the word "quality" of professional performance. If quality implies relative merit, then there is a need to define to what that merit is relative, and by whom it is decided. If quality of performance includes incorporation of the ethical principles and rules of conduct, then the practitioner is at a disadvantage when these areas are ambiguous and subject to wide interpretation.

The third rule of conduct pertains to confidentiality both in the area of client relationships and in colleague relationships. This rule was first included in the Code of Ethics in 1956 and may be considered a core concept.\(^1\) During the 1956-58 biennial period the Ethics Committee of the Toronto Branch undertook the study for the National Committee on Ethics, and raised sound issues related to this rule.\(^2\) The Committee recognizes that the Code of Ethics provides the foundation for many of the policies of social agencies.\(^3\) Agencies were even then asking for further clarification of the Code to develop policies to cover specific

\(^1\) Canadian Association of Social Workers, "Principles of Professional Conduct," op. cit.


\(^3\) Ibid., p. 7.
circumstances, with conspicuous prominence given to the principle of confidentiality. According to the Toronto Committee, confidentiality is not a means of preventing clients from using opportunities to participate in programs of social action and public education. It is not "a legitimate means of convincing oneself and the public of the preciousness of one's work. It is not a resource for covering up weaknesses and mistakes that are inevitable in every profession. It is not a weapon for disciplining other groups and agencies. Confidentiality, as everyone is ready to concede intellectually, is a principle to be used in the service of clients, to meet certain definable needs and to acknowledge the rights of clients to self-determination. It does not invariably take precedence over all other concepts, responsibilities and rights, but constitutes one significant factor in the total philosophy and knowledge of the profession." 

The new Code of Ethics, formulated several years after the publication of this report, gives no indication of the Association's definition of this principle and rule of conduct. There is no reason to believe that all practitioners entirely agree about either its meaning or its implementation. The interpretation of this principle would determine its use in practice, and it follows that its use would not necessarily be consistent in different agency settings, provinces or nation.

1 Ibid.

The worker is allowed, according to the Code of Ethics, to reveal confidential information for professional purposes. There is no indication of what the worker may ethically consider to be a valid professional purpose. In this area there is confusion about releasing information to law enforcement agencies, credit bureaus, community charity organizations, volunteer workers, and even other social work agencies. Legally, the worker has no grounds to refuse information to law enforcement agencies. Morally he cannot guarantee the client absolute confidentiality. It would appear that the worker has an ethical obligation, not recognized in the Code to interpret to the client his position concerning confidential information, and to clarify under what conditions the client's rights in this area are limited and forfeited. The question of the client's right to participate in the decision to share information is not covered by the Code, and is left to the discretion of the practitioner and his employing agency.

The same type of problem exists when a worker exercises his right to use the grievance procedures of his union as an alternative to his professional association. Because all information acquired in the course of practice is considered to be confidential, it is questionable that a worker could exercise this right granted by the National Executive of the CASW without violating the rule re confidentiality.

1 Canadian Association of Social Workers, "Rules of Conduct," op. cit.
When information is revealed for professional purposes, "it is done with discernment and regard for the persons concerned." The possibility of carrying this rule into practice under these conditions is greatly reduced unless the practitioner is given a clear understanding about what ethically constitutes a professional purposes. The practical application of this rule is severely limited by the generalized terminology in which it is set out.

(b) Colleague Relationships

The role of the worker in this area is considered in the three editions of the Canadian social work Codes of Ethics. In 1938, the recommendation was for honesty, fairness, open-mindedness, and the appreciation of the part each played in the professional field. In 1956, the worker was to respect the position, accomplishments, and differences in opinion of his colleagues and to act in a way that would help them fulfil their responsibilities. By 1964, he treats with respect the statements and actions of his colleagues. The last two Codes oblige the worker to express his judgment through established, professionally approved channels. The

1 Ibid.
1956 Code restricted such judgment to "matters relative to professional performance." \(^1\)

The latest edition gives the worker the ethical right to express personal judgment on matters of his colleagues' statements and actions without a written limitation on those areas about which judgment may be expressed. Theoretically then a practitioner may be considered unethical in the areas of personal living if that behavior can be related to the Code of Ethics. (In practice such behavior would more probably be dealt with under Personal Practices). The implication in the Code itself is inconsistent with the earlier statement in the Guiding Principles that "the Rules of Conduct apply to all social workers in their professional relationships and practice". \(^2\) To be consistent, this rule requires revision along the lines of the 1956 Code. Not since 1938 has there been a rule of conduct specifically pertaining to the practitioner's personal life. This rule read that "a social worker should so control his personal activities that he does not impair his professional capabilities nor bring adverse criticism upon his profession." \(^3\)

The second rule pertaining to the area of colleague

----

1 Canadian Association of Social Workers, "Principles of Professional Conduct," *op. cit.*

2 Canadian Association of Social Workers, "Guiding Principles," *op. cit.*

relationships requires the social worker to "work cooperatively with other professional disciplines with due regard to their recognized area of competence."\(^1\) The Code does not enlarge upon its definition of due regard, and recognized area of competence, or indicate if these are dependent upon the interpretation of the Association, the individual social worker or the other discipline. Another point is that social workers do not work with other professional disciplines as such, but with representatives of those disciplines whose competence humanly varies. Certainly this variation of competence will enter into the degree of due regard granted to the member of the other discipline.

(c) Agency Relationships

The one rule of conduct specifically related to the worker's role in connection with his agency states that "the social worker performs his professional functions only in conditions that permit him to follow these Rules of Conduct".\(^2\) The social worker has no ethical obligation to work according to agency policies or procedures or to work to improve standards when they are inadequate or improperly implemented. By omission of such clauses which have been included in both previous Codes of Ethics, the Association would seem to be implying this. On the other hand, as long

\(^{1}\) Canadian Association of Social Workers, "Rules of Conduct," \textit{op. cit.}, p.2.

\(^{2}\) Ibid.
as the other Rules of Conduct are so open to variable interpretation, no worker would need to feel obligated to terminate employment on this specific basis unless conditions become so blatantly inappropriate and improper that even the most generalized rule would apply.

(d) Professional Organization Relationships

The seventh rule of conduct deals with the worker's role in relation to his professional organization and those instances in which he undertakes public statements or actions. This rule seems to be clear and intelligible, but it leaves the decision about what constitutes public utterance to the agency and the practitioner.

(e) Community Relationships

The last three rules pertain to the worker's role in relation to the community. He is responsible to "render appropriate service in a public emergency." Since these rules are supposed to apply to professional relationships and practice, it must be assumed that such service would be related to the worker's competency as a professional person. The definition of the word "appropriate" is again left with the worker.

"The social worker acts in a responsible manner to

1 Ibid.
2 Ibid.
protect the community against practices harmful to human welfare."¹ This is a very broad rule, again open to wide interpretation with relation to what practices are considered to be harmful to human welfare. The Code does not clarify whether the social worker's responsibility here is related only to unethical practices within the profession, or whether he is expected to act in any and all situations, that he interprets to be harmful.

The final rule has appeared in a similar form in the three editions of the Codes of Ethics. The 1964 rule states that "the social worker accepts responsibility to contribute his knowledge and skill to the stimulation, development and support of programmes of social welfare."² The implications of the Code of Ethics for social policy and actions will be discussed in a separate sub-section.

Promulgation of the Code of Ethics

The Social Worker, the official organ of the Canadian Association of Social Workers, is one of the channels through which social workers and the public may be made familiar with the Code of Ethics. The magazine is published in Ottawa four times a year in the months of January, April, June, and October. From October, 1949, to October, 1962, a thirteen year period covering 52 issues, we were able to

¹ Ibid.
² Ibid.
locate only two articles which dealt specifically and in detail with the Codes of Ethics, \(^1\), \(^2\) although there were several articles on closely related topics including goals in professional standards, \(^3\) undergraduate and professional education, \(^4\), \(^5\) the growth of the professional associations in Canada and British Columbia, \(^6\) - \(^13\) professionalism, \(^14\) - \(^15\) licencing, \(^16\) and

\(^1\) Ethics Committee, Toronto Branch of the Canadian Association of Social Workers, \textit{op. cit.}, pp. 6-24.


\(^7\) Laycock, \textit{op. cit.}, pp. 1-2.

\(^8\) Maines, \textit{op. cit.} (December 1953), pp. 3-10.


\(^11\) Hawkes, \textit{op. cit.}, pp. 52-56.

\(^12\) Maines, \textit{op. cit.}, (October 1959), pp. 5-45.

\(^13\) Thompson, \textit{op. cit.}, pp. 48-54.


\(^16\) E. Richardson, "Significance of Licencing and Its Implica-
membership standards for the professional body.\textsuperscript{1} It would not appear from this sampling that this channel is used extensively for educational purposes in relation to the Code of Ethics itself.

Another available channel for the purpose of information giving and education is the circulation of the Code of Ethics to agencies and to social workers. Until the present time it has not been the practice of the British Columbia Association of Social Workers through which all applications for provincial and national membership from this province are made to mail copies of the Code to individuals joining the Association or to members when revised Codes are adopted, despite the fact that membership includes a signed pledge to uphold the ethical standards of the profession.\textsuperscript{2} The current President of the BCASW was unable to verify if the national Association mails copies of the Code to its members.\textsuperscript{3} It was not possible to obtain any information about this or any of the other topics considered in this study from the CASW office in Ottawa. The pressures of work on the national level allowed "only very little attention" to be given to our enquiry of January 10, 1965, and after reviewing the information

\begin{itemize}
  \item \textsuperscript{1} V. Munns and N. Knight, "Should We Raise the Membership Requirements for the CASW?" The Social Worker, vol. 27, no. 1 (January 1959), pp. 15-20.
  \item \textsuperscript{2} R. Hawkes, Interview with the writer, 12 March 1965.
  \item \textsuperscript{3} Ibid.
\end{itemize}
on file, the Executive Director was "not able to come up with anything of too great value". It is debatable that this channel is used extensively, if at all, to educate members, or to keep them up to date about changes in the content of the Code of Ethics.

The number of members who are closely associated with the Code of Ethics in operation by serving on executives or review committees or by involvement in review procedures is small. Those who sit on committees are chosen by virtue of their experience and estimated ability to cope with the situation in question, thereby limiting the exposure of the majority of members to information available through the other established channels.

The School of Social Work, University of British Columbia, does not list in its calendar any course directly related to the Code of Ethics. The Code itself was, in 1964, circulated to students at the end of their first year of professional education, but no class time was set aside for discussion of its content. However, there is no course listed in the curriculum which does not include the teaching of and discussion about professional attitudes, principles, and ethical conduct as they are related to the course content.

1 E. Philpott, Letter to the writer, 29 January 1965.
2 Hawkes, op. cit.
3 Ibid.
It is reasonable to assume that no student completing the partial of full social work training could do so without such exposure to professional values and their implementation in practice.

In summary, it may be concluded that the promulgation of the Code of Ethics as a formal statement of Guiding Principles and Rules of Conduct is inefficient both within the professions and outside of it in the area of public relations. There is under the present formal organization of the professional association no guarantee that practitioners will be acquainted with or will understand and practice according to the Code. The public is not being made aware of what it may expect and demand of social workers as professional people, and therefore has no established criteria by which to evaluate the competency or scrupulousness of the professional services rendered. The question of the public's right to be informed of those parts of the Code of Ethics binding behavior in relation to the worker-client relationship has not been settled. The whole area of promulgation of the Code of Ethics is a valid one for further serious consideration by the Association.

Review and Revision of the Code of Ethics

The original Code of Ethics of the Canadian Association of Social Workers was accepted in 1938. The committee which had been responsible for formulating this Code continued on a national basis until 1940, with authority
delegated from the National Board for implementing the Code and for reviewing alleged infractions.

In 1940 this committee was discontinued. The National Board appointed the first National Committee on Ethics which has continued, with its composition being changed by the National Board every biennial period. Special committees appointed by the branch executives were established in local areas to implement the Code of Ethics at that level.\(^1\)

The chairman of the original committee in 1938-40 wrote: "We must not feel that because the Code was evolved after much effort and found to be workable that it is to remain static and unchanged."\(^2\) However, the National Committees on Ethics did not formally consider the question of review of the Code itself, or of actual revision, until the biennial period of 1950-1952. The Committee for this period, centered in Quebec, began the work of evolving a tentatively revised Code. Their work was carried on during the following biennial period. Agnes Roy, chairman of the National Committee for 1952-1954 attributed the increased interest in ethics to:

"a swing back of the pendulum to the period prior to the one from which we are now emerging in which our whole emphasis was concentrated on the methods and techniques of our profession."\(^3\)

---


3 Roy, *op. cit.*, p.4.
Officially, the 1952-1954 Committee on Ethics was delegated by the National Boards: "to give consideration to the questions of implementing the Code and establishing procedures to deal with infractions of the Code." The chairman of this Committee wrote that: "we could not deal with implementation honestly in the face of our reluctance to include in the Code much that seemed to us to be Personnel Practice and some material that we believed to be extraneous".

To the thinking of the National Committee were added suggestions for implementing and revising the Code of Ethics, contributed by corresponding members of the Branch Committees. The existing Code was tested by fictitious illustrations of unethical conduct. This device served to assist the National Committee in thinking through methods of dealing with infractions. The Committee presented to the 1954 biennial meeting the material collected which was then given consideration by the Association's members in its branches. The 1954-1956 National Committee on Ethics carried through with the study begun by its predecessors, and drew up a tentatively revised Code which was accepted at the 1956 biennial meeting by the Association's voting membership.

The 1956 Code of Ethics remained in effect until

1 Ibid., p.7.
2 Ibid.
3 Ibid.
June of 1964 when a very much simplified revision was adopted. It has not been possible to obtain from the Canadian Association of Social Workers office in Ottawa any information pertaining to the reasons for the latest revision. As of March 3, 1965, such information had not yet been made available by the National Association to the B.C.A.S.W. Committee on Ethics currently working on drawing up proposed procedures for the implementation of the new Code of Ethics.¹ It would appear that sections of the 1956 Code still contained material primarily related to personnel practices.

In summary, the review and revision of the Code of Ethics of the Canadian Association of Social Workers is carried out on an ad hoc basis by the National Committees. Although this Committee operates regularly, these specialized duties are undertaken on an unscheduled, periodic basis at such time as the current Code of Ethics is evaluated as being inefficient, out-of-date, invalid, or inadequate to deal with incidents that are occurring in the field. The necessity for review and revision is gauged by the reports and requests for consultation from the branch offices received by the National Committee.² Delegation of authority to carry out such review and revision is made to the National Committees on Ethics by the National Board.

¹ E. Bradley, Interview with the writer, 3 March 1965.
² Ibid.
Administration of the Code of Ethics

Canadian Association of Social Worker's Attitude to Implementation

In the preamble to the Plan for Implementation of the 1956 revised Code of Ethics\(^1\) the Canadian Association of Social Workers has stated its attitude to the implementation of the Code of Ethics. The 1956 statement is still in effect.

The Association recognizes its basic responsibility to define and to promote principles of ethical conduct in the field of Canadian social work. It states that it carries this responsibility in this area through the Code of Ethics and by extending understanding and acceptance of this Code so that it is fully reflected in the social worker's professional relationship.

Included in the Association's statement is a recognition of the individual social worker's responsibility for his own professional behavior, and a recognition that the individual worker is influenced by the various pressures and forces of his particular environment. The Association believes that many breaches of the Code of Ethics are caused not by willful violation, but by a lack of awareness, by situations which make it difficult for the professional person to determine his responsibility. The Association

---

announces in this preamble its intention to take into account the individual's ability to bear the burdens placed upon him in a situation of conflict. In a similar way it recognizes that such factors may also affect employing institutions.1

"A Code of Ethics", to quote the Preamble to the Plan for Implementation statement, "should be a positive source of help and guidance, rather than a set of restrictive regulations. The Association places emphasis upon its desire to be helpful, though acknowledging at the same time its judicial responsibility. Implementation of the professional Code is based upon:

(a) Gaining understanding and acceptance of the Code.
(b) Promoting satisfactory conditions of practice.
(c) Helping the individual worker.
(d) Appropriately censuring unethical behavior."2

Aims and Purposes of Committees on Ethics

As stated by the Canadian Association of Social Workers, the aims and purposes of the National and Branch Committees on Ethics should be:

"(a) To promote understanding and acceptance of the principles of the Code of Ethics among all professional people and in agencies employing or seeking to employ them.
(b) To provide a consultation service to individuals and agencies concerned about ethical situations,

1 Ibid.
2 Ibid.
with a view to helping in the solution, and preventing more serious problems from arising.

(c) To provide machinery for the determination of the professional person's relationship to the C.A.S.W., or the agency's relationship to C.A.S.W. members, in those situations in which the consultation service does not achieve its purpose. 1

Branch Responsibility for Implementation

The National Association has suggested that it would be "desirable" that each Branch have an Ethics Committee and that the Committees have these responsibilities: 2

(a) Education within the membership and in the community to gain understanding and acceptance of the Code.

(b) Branch Consultation to members and non members concerning ethical conduct and the meaning and applications of the Code.

(c) National Consultation of the Branch Committee, individuals or agencies with the National Executive Secretary and/or National Committee where such consultation would be of help and where, because of size or other circumstances, the Branch is unable to carry responsibility.

(d) Referral of matters to the National Committee where desirable, or in a situation where any party, including the Branch Committee, is not satisfied with the results achieved by the consultation service. The Branch Committee shall make the referral to the National


Committee on receipt of the written request of any of the parties.

(e) Communication with the National Committee on Ethics for the purposes of considering matters referred to it by the National Committee; and passing on to the National Committee its experience with the Code, and the machinery for implementation, so that both can be kept under constant evaluation.

National Committee Responsibility for Implementation

The Canadian Association of Social Workers sets these responsibilities for the National Committee on Ethics:

(a) National Education Program to promote understanding and acceptance of the Code.

(b) Branch Education Program to help the Branches fulfill their responsibilities.

(c) Individual Consultation to branch and non-branch members and others who seek its help. In the case of individual branch members, such consultation shall be offered where the member or the Branch committee believe that such service is more suitable to the specific situation. Discretion in this matter rests with the National Committee.

(d) Branch Consultation to Branch Committees on problems with which they seek help.

(e) Referral - to receive specific situations referred to it under clause (d) of the Branch Responsibility for Imple-
mentation, and to offer consultative help to the parties involved within thirty days of receipt of the referral.

(f) Recommendation - whenever the National Consultative Service does not solve a problem to the satisfaction of any one party, the National Committee, upon receipt of written notice, within sixty days (this time may be extended to a further period of sixty days upon the authority of the National Board or those to whom it delegates this authority)

1. shall initiate such investigation and hold such hearings as the rules and regulations provided for in Clause (b) of the following section shall prescribe.

2. shall forward a report of the findings to the National Board.

3. may make recommendations concerning the member's status with the Association, or the agency's status with the Association, or the agency's status with the C.A.S.W. members.

4. shall forward its recommendations to the National Board.

(g) Rules and Regulations - to propose and review with the National Board such rules and regulations concerning the matters of Clause (f) in this section, as well as ensure soundly based recommendations by the Committee.

National Board Responsibility for Implementation

In regard to the Code of Ethics the Canadian
Association of Social Workers sets out these responsibilities for the National Board: 1

(a) to set up a National Committee on Ethics of not less than five members, three of whom shall be Board members, to perform the duties outlined.

(b) to establish rules and regulations covering the handling of matters under clause (f) of the preceding section.

(c) during each biennium to review the work of the National Ethics Committee and its policies and procedures to ensure their soundness and effectiveness. (This does not imply a review of the Code's content as such).

(d) to rule on recommendations regarding specific situations sent to it by the National Committee, such ruling to be binding upon the Association and its members, unless reversed by appeal.

(e) to provide for machinery that effectively ensures the right of the individual CASW member or any agency to appeal such decision to the next biennial meeting of the Association, which decision shall be final.

Institutional Machinery for the Implementation of the Code of Ethics

National Board of the Canadian Association of Social Workers.

This Board is composed of the National Executive which is made up of the Association's President and Executive Secretary, and thirty-two Association members elected every

two years at the biennial meetings by the total voting membership from a list of candidates submitted by each of the Canadian provinces.  

The responsibilities of the Board have already been outlined as they relate to the Code of Ethics. In summary, the Board appoints the National Committee on Ethics for each two year period, reviews the work of this Committee, and makes final rulings on those matters referred to it by the Committee unless the decision is reversed by appeal using the machinery which the Board has established to ensure this right to agencies and to individuals.

The Board may, at its discretion, delegate to the National Committee in office the authority to undertake specific studies and duties in relation to the Code of Ethics.  

National Committee of the Canadian Association of Social Workers

This Committee of not less than five members, three of whom are Board members, is appointed every two years at the biennial meeting by the National Board. In order to extend Committee responsibility throughout the country, and to take advantage of different locations and personnels, the nucleus is centered in a different city for each biennial

---

1 Bradley, op. cit.
2 Ibid.
3 Canadian Association of Social Workers, "National Board," op. cit.
period. The chairman and other appointed members are usually drawn from the area in which the nucleus is currently located.

The Committee's responsibilities in relation to the Code of Ethics are, as outlined, primarily educational and consultative, except when special authority and responsibility are delegated by the National Board.

At the present time, no written procedures have been standardized by the National Committees for the implementation of the Code of Ethics. The implication of this procedural gap will be discussed elsewhere.

In January, 1957, the National Committee on Ethics was amalgamated with the Committee for Personnel Standards and Practices by the National Board because of the close interrelation of the problems encountered by each body.

Provincial Committees of the Canadian Association of Social Workers

This study has not attempted to survey the methods adopted by each Branch of the Association to implement the Code of Ethics. Attention is focused, for obvious reasons, on the British Columbia Association of Social Workers and its relationship with the parent Association.

1 Roy, op. cit., p.6.
2 Bradley, op. cit.
3 Ibid.
4 Ibid.
In this province there is no standing Committee on Ethics to review alleged violations of the Code which come to the attention of the provincial organization.¹ At various times throughout its history the B.C.A.S.W. has had standing committees, distinct from the ad hoc committees, to review the content of the Code of Ethics as such, and to propose revisions and/or suggestions for implementations. Such a committee was established by the B.C.A.S.W. president in the fall of 1964, chaired by Miss E. Bradley. The suggestions of such committees are forwarded to the National Committees for consideration on that level of professional organization.²

Since there are no written procedures by which to implement the Code of Ethics, the B.C.A.S.W. has established, by improvisation and precedent, procedures which it follows in specific cases. These will be discussed in the following pages.

Requests for Review - British Columbia Association of Social Workers

Mr. R. Hawkes, President of the British Columbia Association of Social Workers, outlined a broad classification of the types of requests for review received by his Association from its members and from non-members in relation to the Code of Ethics.³ These types of requests are as follows:

1 Hawkes, op. cit., 2 December 1964.
2 Bradley, op. cit.
3 Hawkes, op. cit.
1. Requests from individual social workers in active employment who have received from their employing agencies evaluations of their professional performance which they feel are inaccurate, non-objective or injurious to their professional careers.

2. Requests for the review of allegedly unethical behavior on the part of an individual social worker or social workers in relation to the client or clients.

3. Requests for advice concerning the ethical action possible for a social worker or a group of social workers to change the procedural operations of the employing agency in order to promote greater efficiency of service to the clients.

4. Requests for review of allegedly unethical behavior of an individual social worker or social workers unconnected with behavior related to the client or clients.

These requests come from a variety of sources which include the Boards or Executives of employing agencies, colleagues in the employing agency or other social work agencies, individual workers concerning their own situations, and occasionally clients.
British Columbia Association of Social Worker's Procedures for Implementing the Code of Ethics.

Since the procedures for implementing the Code of Ethics are not established in formal, written form, it is possible to discuss only such procedures as are commonly used by the BCASW on the basis of precedent. No members acting officially on behalf of the Association are obligated to follow the procedures that are currently applied, although adherence to them has in the past been closely maintained.¹

In the following pages related to the implementation of the Code of Ethics, the word "review" is used to refer to the investigation by the Association of charges of alleged violation of the Code of Ethics by practitioners. In this context, the meaning of the word is not to be confused with the "review" or evaluation of the contents of the Code of Ethics which has been dealt with separately.

Requests for review are directed in writing to the President, and are required to be related to a specific section of the Code of Ethics.

The President requires the assurance of the party requesting the review that the latter has notified the agency concerned, in writing, that he is requesting such action.

There is no requirement that those parties request-

¹ We are indebted to Mr. R. Hawkes, current President of the British Columbia Association of Social Workers, for the outline of procedures used by the Provincial Association. Interviews with the writer 2 December 1964 and 12 March 1965.
ing the review notify the person about whom the review is requested that such action has been initiated.

There is no requirement that the person about whom the review is requested be supplied with copies of the complaint or any supporting evidence submitted to the President by the parties requesting the review.

The President is responsible for deciding if the request for review warrants the establishment of a review committee for investigation and assessment of the situation in question.

If the establishment of a review committee is not warranted in the opinion of the President, he communicates his decision in writing to the parties involved.

If the establishment of a committee is warranted, the President reports to the next provincial executive meeting that a request has been received, and without releasing any confidential information about the situation, he requests the permission of the Executive to establish an ad hoc review committee for the specific situation.

Once permission is obtained, the President chooses from among the Association's members a committee chairman. The criteria used for this selection may vary with the president and with the situation in question. The current president avoids choosing a chairman from an employment situation or category of service similar to those of the
person whose case is to be reviewed. Age, experience, and the capacity to cope with the situation are considered.

The President gives to the chairman the written request for review and any pertinent information submitted in relation to the request.

The President delegates to the chairman the authority to select at least two more Association members to complete the review committee with whom all pertinent information is shared.

The President acknowledges in writing to those who have requested the review and to the worker or workers about whom the review has been requested that such a request has been received and that it will be investigated by the established committee.

The chairman and the committee review the situation as it is related to the section of the Code allegedly violated. The persons interviewed by the committee usually include those individuals requesting the review, the social worker about whom the review is requested and the executive director of the agency. If the committee sees the necessity, collateral interviews may be conducted, and legal and/or national consultation with the CASW may be sought.

Once the committee is satisfied that all information is at its disposal, a decision is made, and is conveyed to the President who prepares a written report based on the
committee's findings and decision, and directs it to the principals involved.

The procedures outlined have been related primarily to alleged violations of the Code of Ethics. The same procedures are applied to requests for consultation and education.

Penalties for Violation of the Code of Ethics

There are stringent limitations on the sanctions available for use by the British Columbia Association of Social Workers and the Canadian Association of Social Workers. The reasons for these limitations will be discussed separately in the following pages.

A member of the B.C.A.S.W. may be suspended or expelled from this Association for violation of the Code of Ethics. If that individual is also a member of the C.A.S.W., that Association may choose to suspend or to expel him from its membership as well.¹

Right of Appeal

When any of the parties involved disagree with the decision of the BCASW ad hoc Committee on Ethics which has investigated the situation in question, that individual or agency has the right to request an appeal in writing of the President of the provincial Association, who then forwards that request to the National Committee on Ethics. The procedure to be followed by the National Committee upon re-

º Ibid.
receipt of such a request have been established in writing. This Committee, within sixty days, must initiate an investigation of the situation and forward its report to the National Board. It may make and forward to the Board its recommendation concerning the member's status with the Canadian Association of Social Workers or the agency's status with the CASW members.¹ The individual or agency who has allegedly violated the Code of Ethics has the right to legal representation on every level on which his situation may be reviewed.

The National Board, on receipt of the report of the National Committee on Ethics, rules on the recommendations of the latter, and its ruling is binding on the membership of the Association unless reversed by a further appeal by the principal to the next biennial meeting of the Association, which decision is binding.

Difficulties in Administering the Code of Ethics

It must be understood that this study is focused primarily on the jurisprudential aspects of the Code of Ethics. Our interest is essentially in the intelligibility, operability, and procedural specificity of the Code as it exists rather than in the cogency of the provisions of the Code. There is little reason to believe that the members of

the national and provincial associations are not aware of the
issues raised here, or of the implications arising out of
these issues, or that studies of these issues is not being
undertaken throughout the country.

(a) Procedural Difficulties in Administering the Code of
Ethics.

One of the main difficulties in implementing the
CASW Code of Ethics is the lack of written procedures cover­
ing the submission of a request for review and the conduct
of such a review.

Precedent is the main determinant for the dele­
gation of authority and responsibility for those parties
acting for the Association. Methods of administration of
the Code of Ethics may vary because precedent is not regard­
ed in the Association in the same strict sense that it is
regarded in law where obligations are created to adher to
previous methods used.

The decision that a request for review warrants
investigation rests with the president of the branch
association. Without casting any aspersions on these offi­
cials' judgment, it may be suggested that such a method of
implementation contains no built-in, regulatory checks.

There are no standardized regulations to ensure
the expertness of the committee chairman or members.

Established guarantees that measures of due pro-
cess will be implemented are not definitively outlined. In British Columbia, for example, the individual social worker who has allegedly violated the Code of Ethics is not required to be notified that a request for review has been made, and he does not receive, at the time the request is made, a copy of that request or of the evidence submitted to support the charge of alleged violation.¹ He receives notification only after a committee to conduct the review has been established by the provincial executive at the request of the president of the B.C.A.S.W.

The individual who has allegedly violated the Code has no objective reference by which to ascertain the propriety of those procedures which are applied in his case, and no written statement of his rights and responsibilities in the review situation.

There are no recorded criteria concerning which individuals are qualified to be involved in a specific review, or what evidence is considered to be justifiably admissible to the committee reviewing an alleged violation by a practitioner.

There are no written guidelines for the decision making function of the committee, no delineated correlation of offences and penalties. This is, of course, related to the narrower operation of the Code of Ethics in censuring unethical behavior, as opposed to its broader educational

¹ Hawkes, op. cit.
and consultative aspects.

(b) Institutional Difficulties in Administering the Code of Ethics.

The Codes of Ethics are formulated by the National Committees on Ethics with the suggestions and formal approval of the national association's membership. The bodies which are attempting to implement the Code on the ground level are the committees on ethics established in the branches. Some problems in the area of interpretation of the Code become immediately evident.

The National Committees on Ethics change every two years both in personnel and in location. Secondly, the committees on ethics in the province of British Columbia are established on an ad hoc basis when a request for review is thought to warrant investigation. The size and composition of the provincial committees may vary. The National Association suggests that it is desirable\(^1\) to have a standing branch committee on ethics, but does not make this a requirement.

On both the national and provincial levels then there is a lack of continuity in the bodies responsible for interpreting, implementing, and decision making. The confusion which may arise out of this situation is compounded by the lack of written instruction concerning how these bodies are to discharge their respective functions.

\(^1\) Canadian Association of Social Workers, "Branch Committees," *op. cit.*
(c) Jurisdictional Difficulties in Administering the Code of Ethics

(i) Professional Association Membership

To qualify as a member of the Canadian Association of Social Workers, a practitioner must have successfully completed the full academic requirements for professional education in social work at a post-graduate School recognized by the Association. Such recognition signifies that the education received by the individual has incorporated what the profession adjudges to be the full basic ingredients of professional social work academic preparation. The practitioner must present to the Association a statement to this effect signed by an official of the School of Social Work in order to verify his status. To ensure that social work values will be manifest in practice, each member is required to adhere to the Code of Ethics and to agree to being evaluated by his professional colleagues should he be charged with violating the Code.

In the Province of British Columbia a practitioner applies first to the provincial association, and if he is fully qualified, through

---

1 Hawkes, op. cit.

2 Canadian Association of Social Workers, Bylaws of the Canadian Association of Social Workers, Ottawa, Canadian Association of Social Workers, 1964, article 1, cl. 3.
this association for national membership.¹ The membership qualifications of the B.C.A.S.W. differ from those of the parent association. At the present time a practitioner qualifies for provincial membership under four conditions:

(i) He has completed full basic requirements of professional education in a recognized School of Social Work.

(ii) He holds a Bachelor's degree from a recognized School of Social Work.

(iii) He holds the equivalent to university entrance and has completed three years active experience under supervision in a social work position.²

(iv) He is a full time student enrolled in a recognized School of Social Work.³

A practitioner holding full professional academic requirements holds a Class B provincial membership and is eligible for national membership and a vote on issues of national concern. Practitioners in the next two categories of the provincial association are Class A members and have a vote only in issues of provincial concern.⁴

---

² Ibid.
³ Student membership was adopted by the CASW in 1952. Maines, op. cit., (October 1959), p.33. It is granted by the BCASW within its requirements for membership.
⁴ Thompson, op. cit., p.49.
Membership in both the Canadian and the British Columbia Associations of Social Workers is entirely voluntary. In nine of the ten Canadian provinces, (Quebec is the exception), there is no system of certification, and therefore no legal compulsion to join the professional associations in order to have the right to practice in the social work field.¹

The implications arising out of this situation are clear. There are fully qualified professional social workers who have completed two years professional academic preparation and who have not chosen to join the CASW. Similarly there are practitioners qualified to join the BCASW who have not done so. This group of social workers are, therefore, not formally committed to adhere to, among other things, the Code of Ethics, or to be evaluated by their professional colleagues should they allegedly violate the Code. The professional associations have no official regulatory control over non-members since the most severe penalty for violation of the Code of Ethics is suspension or expulsion from membership in the associations.

The effectiveness of the Code of Ethics as a basis for censuring the unethical behavior of the associations members is also questionable. The commitment of members is a voluntary, non-legal one. Loss of professional

¹ Hawkes, op. cit., 2 December 1964.
association membership in no formal way limits a practitioner's right to practice. Agencies are not under obligation to hire only association members. They are free to make their own decision about the hiring, continued employment or termination of a suspended or expelled association member.¹

It would seem reasonable to suggest that this type of penalty for violating the Code of Ethics would significantly influence practitioners only if there were a system of legal certification requiring that social workers be licenced members in good standing with their professional associations in order to perform defined social services.

There is another salient point related to this situation. When a practitioner in this province applies for BCASW membership, and if he is eligible, through the provincial organization for CASW membership as well, he signs a pledge which reads:

"If elected I agree to be governed by its Constitution and Bylaws; to promote its objects as far as may be in my power, and to maintain the ethical standards of the profession."²

¹ Ibid.
It is not the current practice of the BCASW to provide the applying practitioner, either before or after he has joined the Association, with a copy of the Constitution, Bylaws, or the Code of Ethics, unless that practitioner so requests.¹

(In all fairness to the provincial association, two pertinent facts must be mentioned: first, the BCASW is staffed entirely by volunteers who are usually employed in full time social work positions, and who are handicapped in having the time to dedicate to associational matters such as this which they recognize as essential; secondly, the obtaining of vital material such as the Code of Ethics is equally the responsibility of the practitioner and his employing agency.)

Considering the current facts of the situation one may hazard a guess that there is a significant number of social workers who are members of the professional associations, and who have pledged that they will maintain the ethical standards of the profession, without having seen or consciously incorporated into their professional practice the Code of Ethics as such. This subject will be discussed more thoroughly in the course of this study in connection with the problem of promelagation.

In British Columbia there are large numbers of

¹ Hawkes, op. cit.
people employed in social work positions who are in-service trained, but who lack the basic education and/or experience for membership in either the provincial or the national associations. This group is also not formally obligated to adhere to the Code of Ethics, and is beyond the formal regulatory control of the associations in cases of alleged violation of the Code of Ethics. Among the in-service trained there are people who qualify for provincial membership and who have not chosen to join the BCASW. These too are beyond the jurisdiction of the professional organization.

The obvious conclusion would seem to be that although the 1964 Code of Ethics states that the "Rules of Conduct apply to all social workers in their professional relationships and practice,\(^1\) it is not within the association's official jurisdiction to ensure that such adherence is maintained.

(ii) Dual Membership in a Professional Association and a Trade Union.

The National Executive of the CASW and the National Board agreed in 1964 that a sentence should be added to the Code of Personnel Practices to state that:

The right of a member to belong to a union of his choice establishes his right to use the grievance procedures of his union as an alternative to the procedures provided by

\(^{1}\) Canadian Association of Social Workers, "Guiding Principles," op. cit.
the professional association... It is equally as proper for a person who is a member of a union and a member of the professional association to seek help from the union as from the professional association. There is no priority laid down for him and he is free to make the choice. 1

This raises several issues. Does a dual membership create in the individual practitioner a division of loyalty between the professional association with standard setting responsibility, and the trade union association with bargaining rights? Is the practitioner's professional identity as a social worker confused or diffused by his dual commitment to public service in the interests of social welfare and to collective bargaining for improved working conditions? If the practitioner has the right to discuss the grievances themselves in the union association, will this not decrease the number of matters related to the Code of Ethics coming to the attention of the professional association, and thereby weaken professional regulatory control?

The 1964 Code of Ethics requires in ruling number four that "the social worker treats with respect the statements and actions of colleagues, and uses professionally approved channels to express personal judgment on these matters." 2 According to the 1964 statement

1 E. Govan, The President Reports, Ottawa, Canadian Association of Social Workers, 1964, p.2.

of the National Executive, the worker has the right to "air the settlement of grievances" using the machinery provided by the union. The union is, therefore, a "professionally approved channel" for this delineated purpose. However, the 1964 Code of Ethics also requires in ruling number three that "the social worker treats as confidential all information acquired in the course of his practice, and when such information is revealed for professional purposes, it is done with discernment and with regard for the persons concerned."\(^1\)

Is the airing of the settlement of grievances a valid professional purpose? Is it not conceivable that a practitioner could be considered guilty of violating the Code of Ethics rule concerning confidentiality while exercising in his union the right given to him by the Canadian Association of Social Worker's National Executive?

It is evident that this area of dual membership is currently ambiguous enough to merit the attention it is receiving from the associations on both the national and provincial levels with a view to clarifying the very kinds of questions raised here.


(a) Within the Field of Endeavour

Society's formal, legal sanction has been given

\(^1\) Ibid.
to social work activities in certain specified areas where the practitioner's authority and responsibility have been defined by federal and provincial acts of parliament. These areas would include, for example, protection of children, financial aid, child welfare, and institutional licencing. The Code of Ethics outlines in the guiding principles and the rules of conduct the manner in which the practitioner ethically exercises his authority and carries out his responsibility. However, since the Canadian Association of Social Workers has not, at this time, the legal right to require that its practitioners be licenced in order to practice within the field of endeavour, the Association's Code of Ethics is in no way legally binding on social workers and has no formal legal status - or none that has yet been established. Neither the civil nor the criminal law can censure the misconduct of a social work practitioner unless that misconduct constitutes a legal offence. Misconduct constituting an ethical violation without legal ramifications must be dealt with by the Association. The difficulties of processing an alleged violation of the Code of Ethics within the Association have already been discussed.

One of the most important factors arising out of the lack of legal recognition of the Code of Ethics as far as the client is concerned is that communications between the social worker and his clients are not considered to be confidential by the courts of law. "In-
formation that clients will assume will be held in confidence may have to be disclosed in the course of legal process. As far as the law is concerned, there is nothing confidential in an agency record. "

An agency staff member may be legally subpoenaed to appear and to give testimony under oath at the direction of the court regarding information that has been disclosed to him by the client in the professional relationship. The court has the right to require the production of case records, although this is unlikely since they contain hearsay evidence which has limited legal value.

A related factor concerns information given when enquiries are made by law enforcement agencies that do not involve court proceedings. Again, the law does not recognize privileged social work communication. A conflict arises between the practitioner's ethical and legal obligations. "One school of thought claims that a professional person is not at liberty to discuss a client's affairs with the police, although compromises may be made in the interests of harmonious working relations with the police. Another school of thought considers it the duty of all citizens to aid the police,

1 Ethics Committee, Toronto Branch of the Canadian Association of Social workers, op. cit., p.10.

2 Ibid., p.11.
and that anything less than full co-operation may constitute obstruction of police.¹

The question of the correlation of the social worker's legal and ethical responsibilities in this area is obviously one that requires extensive study and research into the implications for both the worker and his clients.

One method of clarification and correlation of the social worker's responsibilities and rights would be the implementation of a system of licencing. This would mean that the Canadian Association of Social Workers would be legally empowered as the recognized body to grant to practitioners by the device of certification, the legal right to practice, and would legally set and ensure adherence to standards. Violation of the Code of Ethics would, in this case, be censurable by the practitioners loss of rights to practice legally within the field of endeavour. The general public would be ensured that the holder of a licence be competent within the terms of reference and could be held legally responsible for those actions falling within those specific terms.²

The need for such a step has long been recognized

¹ Ibid., p. 13.
² Richardson, op. cit., p. 15.
and studied by Canadian social workers. The BCASW considered its founding in 1958 to be the first step toward certification.\(^1\) Apparently one of the basic reasons for the difficulty in implementing a licencing system is believed to be that social workers have not yet defined "those things common to all three (casework, group work and community organization), but specific to social work, and which, for the public weal, no-one but a licenced social worker can be allowed to do."\(^2\) Any reluctance to limit certification to those practitioners who have completed the full academic requirements for a Master's degree would be understandable in the light of current staff shortages. If licencing were further limited to the specialized method of casework, group work or community organization in which the practitioner has advanced training on a Master's level he would be legally prohibited from practising the other two methods in those particular settings where a high degree of competence is required in all three.\(^3\) It can be assumed also that the implementation of a licensing system would necessitate the reclassification of positions in the field of social work to make provision for a category of welfare workers without full academic qualifications to assume responsibilities not requiring specialized training.

1 Hawkes, op. cit., p. 55.
2 Richardson, op. cit., p. 18.
3 Ibid.
One may confidently hazard the guess that licensing is not a possibility for the immediate future in Canadian social work, and that for the present the practitioners and the public must continue to struggle with the ambiguities and conflicts of the current situation.

(b) Outside the Field of Endeavour

Social work practitioners must observe the civil and criminal laws which attempt to protect and to regulate all members of their society. Since the courts do not recognize the professional association as a legal body competent to protect public interest, any violation of civil or criminal law by a practitioner either within or outside the field of endeavour, must be dealt with by the established legal machinery for all citizens. Without a system of certification, the professional association has no authority acceptable to the courts, to deal exclusively with its members. Legal jurisdiction takes precedence.

It has not been possible to ascertain the policy followed by the professional social work associations in regard to practitioners who violate the civil or criminal law when that violation does not constitute professionally unethical behavior. Since precedent dictates that a charge of alleged violation of the Code of Ethics must be related to a specific section of the Code, it would seem a safe assumption that unless the
the civil or criminal infraction could be interpreted as a violation of a specific rule of conduct, the professional association would not have the official authority to deal with the social worker in this situation.

**Implications of the Code of Ethics for Social Policy**

It is not possible to formulate a Code of Ethics with implications for individual behavior that does not create implications for individual relationships with institutions and with the public. Codes of Ethics fall short of what they should and must do if they fail to take cognizance of the implications for social policy. They must come to terms with social situations which will be encountered in their implementation, and provide a continuous basis on which to decide policy that is meaningful and effective in practical situations. In order to be effective, the Code of Ethics must be workable and there must be established machinery to implement it.

The 1964 social work Code of Ethics for Canadian practitioners is at a serious disadvantage in both these areas. We have attempted to analyze the content of the Code in order to determine its practical workability, and have found a significant lack of clarity and decisiveness which poses problems in interpretation and implementation. It seems that the intent of the professional Association has been lost, in several instances, in over-generalized or inadequate terminology, and that this must decrease the usefulness of the Code as a basis for effective social policy formulation. Nevertheless, the CASW has expressed itself
well on some policy questions. A good brief was submitted by the Association to the Hall Commission on medical care. The question is actually one of coordinating the activities related to the Code of Ethics and the activities related to social policy, and bringing out their mutual implications. In relation to the Guiding Principles and the Rules of Conduct we have raised several questions, each of which in essence asks where the practitioner is to stand in attempting to translate the Code into active practice.

In the area related to machinery for implementation there are also very serious gaps. Until a request for review reaches the level of the National Committee there are no written procedures. Precedent is subject to the workings of human memory. The interpretation of the Code of Ethics and the processing of reviews is subject to regional differences that do not necessarily produce consistency or coordination as they effect social policy.

The voluntary nature of membership and the stringent limitations on the sanctions available to the associations in cases of ethical violation similarly reduce the effectiveness of the Code in the areas of education, consultation, and censoring unethical behavior.

The rule of conduct number ten merits particular attention because it related specifically to the worker's responsibility to contribute his knowledge and skill to the stimulation, development and support of programmes of social welfare. This necessarily involves social action and social
policy formulation along the lines of the tradition that social work claims as its own.

Social workers are in a good position to conduct themselves in their relationships with clients and with the public in a manner that exemplifies and gives instruction in appropriate forms of democratic life. They are in a position to demonstrate self-discipline and commitment to the requirements of social order, but in the industrialized bureaucratic organization of the Twentieth Century they do not have the freedom or the opportunity to undertake social action in the way that was open to early reformers.

The worker's contact with the daily life of his clients is realistically very limited, and this in turn limits the information available to him about conditions requiring broad reform. Very few individual practitioners have access to influential people who could use such information, for reform purposes.

In reality, bureaucracy most frequently uses linear administration which does not encourage the free exchange of information and ideas either within the structure or between the structure and the public. Decisions are typically made at the top of the hierarchical organization and implemented at the bottom. The worker must use bureaucratically approved channels for communication, and must provide justification for any advocacy that exceeds the boundaries of his bureaucratically defined role. Informal sanctions also create pressures to preserve the status quo and to prevent changes
which might influence the customary modus operandi. The political limitations imposed on social workers by virtue of their employment as civil servants restricts the practitioner's freedom to advocate and to implement reform. Because social reform involves a large part of society, proposals quickly pass beyond the moral and legal jurisdiction of the worker and his professional body whom he must also satisfy as to the ethical rightness of the actions he is advocating. His professional education and experience do not automatically prepare him to be an expert in planned social change.

In summary, the social worker's scope for social action and social policy formulation are very limited by the openness of the Code of Ethics to variable interpretation, by lack of established machinery to translate the Code into practical situations, and by the pressures of professionalism, pseudo-professionalism and bureaucracy.

Conclusions

It would seem to be academically impossible to formulate ethical rules that will cover every situation prior to its occurrence. There will always be an irreducible margin for interpretation.

The social work Code of Ethics in its present stage of growth is attempting to reduce the wide margin for interpretation that now exists. The Canadian Association of Social Workers has stated its belief that the Code of Ethics
should be a positive source of help and guidance, rather than a set of restrictive regulations. The Association wishes to be helpful, and primarily to offer education and consultation. There is evidence that the Code of Ethics is not widely circulated and that the literature related to it is indeed very scarce. Its value as an educational device is therefore limited. The wide scope for interpretation of the generalized terminology in which the Code is written raises serious questions about its effectiveness and use in social work practice.

The lack of machinery to implement the Code at the branch level, combined with its deficiencies in the area of education hampers the consultative function of the provincial and national associations.

At the present time, it is highly unlikely that the Code of Ethics is influential in controlling professional behavior, or that any formal device could be completely successful in doing so. In reality ethical conduct is determined by the social work practitioner's attitudes, self-discipline and commitment to professional purposes. It is our conclusion that the 1964 Code of Ethics is not a valid means to foster or to develop such qualities in workers, and that the Association must again seriously consider another revision in order to assist practitioners in the field.
CHAPTER IV

THE PROFESSION OF LIBRARIANSHIP

Introduction

As the focus of this chapter is on Codes of Ethics and other guiding principles adhered to by Librarians, we shall not attempt to trace the development of libraries from the ancient Egyptian collections of hieroglyphics to the modern libraries we enjoy today. Perhaps the most significant change in the function of libraries during their development was the swing away from the Librarian as a scholar who collected books for his own use and would occasionally share them with friends, to the modern day libraries where the Librarian works an eight hour day, not as a scholar, but as a servant of the public.

Let us dwell for a moment upon what these "servants of the public" do. There is a great deal of literature written by Librarians about what they believe their function should be. Like many other incompletely developed professions, the Librarianship profession has difficulty in spelling out where its specific area of competence lies. ¹ J.L. Angel

writes that "The Librarian is a specialist in the art of providing information and guidance to anyone doing an important job, whether it is studying, running a factory, building a bridge, reorganizing a public health service, writing a book, or just trying to improve himself or solve a personal problem." This is, to say the least, a very ambitious statement of competence.

A partial list of the fields of services of various Librarianship specializations would portray the Librarian as a College Librarian, a Special Librarian, a Public Librarian, a School Librarian, a Children's Librarian, a Technological Librarian, a Medical Librarian, a Bookmobile Librarian, a Reference Librarian, a Commercial Librarian, and an Administrative Librarian. The list is far from complete. Within each of these specializations a Librarian may be called upon to perform several functions such as selection, cataloguing, and distribution of books as well as performing the many clerical tasks thus entailed.

Many books and articles have been written on the subject of what is the common element of all tasks that a Librarian performs. Rather than tying ourselves to an arbitrary, static definition which would probably offend many Librarians, we shall simply state that Librarianship is what Librarians do. This surely will include all Librarians.

---

Library Associations

It has been found that when large groups of people are employed in similar institutions throughout a country they eventually organize into some type of association. The Librarians did so in 1876 when the American Library Association (ALA) was formed.¹ This body continues today as the main Library Association in the U. S. A. Its membership includes Librarians, Board members, clerical staff, school teachers, and in general, anyone interested in libraries and willing to pay a small membership fee.

In Canada the provincial associations first began when the Librarians of Ontario formed an Association, the Ontario Library Association (OLA), in 1900. British Columbia followed suit in 1911 with the British Columbia Library Association (BCLA), and by 1944 Librarians in all ten provinces had formed Library Associations.² In 1946 the national association, the Canadian Library Association (CLA) was formed. Its objectives fell into two categories.

The first includes liaison between Canada and the world; liaison between the profession and the Federal Government (on matters of prestige, customs, films, the National Gallery, Library and Archives, the Canadian Broadcasting Corporation, etc.); publication; national conferences; and public relations at the national level, by means of radio, television, national magazines and Young Canada’s Book Week. In the second, fall

² Ibid., p. 3751.
the questions of standards (of Library service, legislation and personnel); placement and exchange of Librarians, and support of efforts to promote their training; loan of professional library information; and encouragement to the compilation of basic Canadian reference books. 1

This Association, like its American counterpart, is not strictly a professional organization, in that membership is unrestricted.

The only officially recognized professional Librarians association in Canada is one that was formed in Ontario in 1958, the Institute of Professional Librarians of Ontario (IPL). It started as a section of OLA but in 1960 broke away and became independent. The IPL drew up fairly rigorous standards for admission but did include a "grandfather clause" for those Librarians who lacked professional training but had long service in the field.

The reasons for setting up the IPL were stated by Brian Land, president of IPL, to be: 2

(1) Fewer than one-third of OLA membership were professional Librarians. Many were trustees and friends.

(2) OLA had little appeal for academic Librarians.

(3) There was dissatisfaction with certification being conducted by non-Librarians.

1. Ibid.

(4) Labor Unions were drawing Librarians into their folds and the Librarians were powerless in their protests against being forced to join a union since The Labor Relations Act stipulates that if 50 percent of the employees of an institution join a union all employees must pay union dues.

(5) Lack of professional standards.

In explaining the division of functions between OLA, CLA and IPL, Land wrote "A generalization is that OLA and CLA emphasize standards for libraries and library service, while the IPL deals with standards and welfare of professional Librarians." ¹

In British Columbia there is no professional association of Librarians except for the Institute of Victoria Librarians which is an association formed in November, 1962 for the benefit of Librarians in the city of Victoria. ² It is strictly a local organization that has no legal status and thus cannot exercise any formal measure of control over the libraries or Librarians in the Victoria area. Perhaps its most noted accomplishment may be to stimulate interest in professional associations in British Columbia. One of the purposes of the Institute as outlined in its Constitution is "...to seek affiliation with similar organizations with

¹ Ibid., p. 7.
the aim of forming provincial and national organizations of professional Librarians."¹

On November 1, 1964, a committee was set up within the ECLA to study the merit of organizing a professional association of Librarians in British Columbia.² The chief reason for striving for such an association was held to be that "BCLA is unable to protect and enforce standards of professional competence."³ But at the same time, there were many who opposed, for various reasons, the idea of setting up "another organization".

The above mentioned committee will be notifying all qualified Librarians of the proposal to set up a professional association, using the Ontario IPL as a model, in advance of the BCLA's semi-annual meeting in May 1965. At that meeting all qualified Librarians will be asked to vote on the issue of whether or not a committee should be established to draw up a Constitution and take steps to form a professional association. If the membership of BCLA is agreeable to such a plan it would probably still take another two years before the association could become a legal entity.⁴

---

¹ Ibid., p. 5.
³ Ibid., p. 2.
⁴ Mrs. Lois Bewley, Interview with Writer, 3 March 1965. Mrs. Bewley is the President of B.C.L.A.
Certification

One of the steps that most occupational groups take on the road to becoming professional is to try to eliminate the "unqualified" practitioners through certification and licensing.¹ Librarians are no exception. In 1940 the BCLA set up a committee to study the question of certification and by 1944, after having been refused once by the Union of British Columbia Municipalities and having had their plans drastically altered by the Minister of Education, certification became a reality.²

Librarians were unhappy about the fact that it was the Minister of Education who had the authority to decide upon the credentials for certification, but in 1954 they succeeded in altering this arrangement. At that time a committee from both BCLA and the British Columbia Public Library Commission³ met and were able to set out the regulations to be complied with in order for a Librarian to be certified.⁴ The Minister of Education was still empowered

---


³ The British Columbia Public Library Commission is a five man Commission set up to administer the Public Libraries Act of B.C. (R.S. 1948, C185, S.1.). Its functions are to help organize and maintain public libraries in B.C.; to operate travelling libraries; to set standards for, and to allocate, public library grants; and in general, to promote the extension of library facilities.

to set up the Certification Examining Board but was required to include two Librarians nominated by the BCLA on the Certification Board.

In 1961, following publication of the report of the Provincial Royal Commission on Education, the Minister of Education transferred responsibility for the administration of Public Libraries to the Provincial Secretary,\(^1\) thus ending all control of Librarians by the Department of Education. "However, it is likely that the machinery for the issuing of certificates and the sources of information on curricula and accreditation at various universities and colleges will remain with the Registrar of the Department of Education."\(^2\)

Although Librarians in B.C. have gained some status through certification it is still a rather weak measure because there is no system of licensing. It is not compulsory to be certified to obtain employment in B.C. but there is an incentive for Public Libraries to hire certified Librarians. The incentive is that the Public Libraries receive Provincial grants partially on the basis of the number of certified Librarians they employ, up to a stated maximum grant per library. The amount of the grant was originally one hundred dollars per certified Librarian several years ago but has more recently been increased to five hundred dollars per

\(^1\) Ibid., p. 18.

\(^2\) Ibid., p. 18.
Librarian.¹

As Dr. Rothstein, director of the School of Librarianship at the University of British Columbia has pointed out, although the grants based on the number of certified Librarians employed do tend to encourage the hiring of certified Librarians, if a library can hire a non-certified Librarian for more than five hundred dollars less than it must pay for a certified one, many libraries may still be disposed to look for uncertified Librarians.² In reality, there are far fewer certified Librarians than there are positions vacant, so that it is impossible anyway to adhere strictly to a policy of hiring only certified Librarians.

Ontario is the only province in Canada, other than B.C., that has any form of certification for Librarians. Here again the battle over control of certification has been long and, at times, disheartening to many Librarians. Since the formation of IFL, its members have tried to gain legal control of the profession of Librarianship and to have the profession exempted from the Labor Relations Act. Accomplishment of the latter would mean that the IFL would have full bargaining rights on behalf of its members and could also use some force to control where and under what conditions Librarians were employed.

2 S. Rothstein, Personal Interview, February 24, 1965.
After their first Bill seeking corporation status had been vetoed by the Ontario Legislature in 1961 the members of IPL increased their efforts and were successful in being legally incorporated by an Act of the Ontario Legislature in 1963.¹ The Act gave the IPL full control over certification and standard setting for the profession.

As yet, the IPL has been unable to prevent the hiring of non-certified Librarians but the goal of licensing is clearly stated in its constitutional objectives.

**Codes of Ethics**

The preceding chapters have dealt with codes of ethics in terms of their formal and regulatory functions for the professionals united in the professional association. They examined the formation of the Code, jurisdiction, administration, and promulgation, to determine whether or not particular codes of ethics were capable of being used in practice and, if so, what effect they had on the profession as a whole. The present chapter will have a somewhat different focus, for the following reasons.

(1) The librarianship profession does not have a professional association (with the exception of the recently formed one in Ontario which has not yet formed a code of ethics).

(2) While the profession has endorsed the code of ethics which was formulated in the United States in 1938, (and not, to this time, revised), it does not appear to see any urgency in adopting a code of ethics, but has instead taken firm stands on matters concerning the profession as a whole, in accordance with certain guiding principles such as one would expect to discover in a formal code of ethics. Also, the Librarians are fighting a battle for public recognition of their professional competence, as well as for prestige and status among the professions. To accomplish this they are developing rules of professional conduct which also are similar to those rules found in codes of ethics.

The aim in this section, therefore, will be to try to identify some of the issues and matters of policy that Librarians have felt called upon to deal with and which, if gathered together, could serve as the basis for an informal code of ethics. In addition, we shall deal briefly with the code of ethics adopted by the American Library Association in 1938.

The 1938 A.L.A. Code of Ethics

The code adopted by the ALA in 1938, which is nominally adhered to by the CLA, consists of a preamble and five other sections covering some twenty-eight points.¹

¹ See Appendix p. 212 for reprint of Code of Ethics for Librarians.
Owing to limits of space I shall deal only with certain points from each section. After applying "Rothstein's Law of Consequentiality", ¹ (which Dr. Rothstein explained, means that a statement has no worth in a code of ethics unless one can put forth the very opposite statement and make it appear somewhat plausible) many of the statements seemed too self-evident to discuss.

Item three of the preamble states that "This code sets forth principles of ethical behaviour for all professional Librarians. It is not a declaration of prerogatives nor a statement of recommended practices in specific situations." If this statement had proven to be true, the code would probably have been a dynamic feature in directing the profession of Librarianship, but it would appear that much of the utility of the code was lost because too often it was only a statement of recommended practices in specific situations.

Items four through eight are concerned with the "Relation of the Librarian to the Governing Authority". These five points show very clearly that the Librarian considers himself in a very dependent position in relation to the "Governing Authority" and that he must respect their wishes at all times. This does not seem to be compatible with our picture of the Librarian as a professionally com-

¹ S. Rothstein, Personal Interview, March 16, 1965.
petent individual who acts so as to serve the institution and the client in the best possible fashion. It does, however, illustrate the problems of divided loyalty that plague many professionals who work within a bureaucracy. They are often forced to make a choice between acting in such a way so as to conform to the bureaucratic structure or acting according to the dictates of their profession.

Items nine through twelve are entitled "Relation of the Librarian to his Constituency." Item nine concludes "...Provision should be made for as wide a range of publications and as varied a representation of viewpoints as is consistent with the policies of the library and with the funds available." This again seems to be a fatalistic attitude. Does the Librarian not have a professional responsibility in determining the policies of the library?

Most codes of ethics touch upon, and many place heavy emphasis upon, relations between colleagues. The largest section of the Librarian's code deals with "Relations of the Librarian Within His Library", covering items thirteen through nineteen. I should like to comment upon only two of these items as it would appear that the others do not measure up to "Rothstein's Law of Consequentiality".

Item fifteen states "Criticism of library policies, service and personnel should be offered only to the proper authority for the sole purpose of improvement of the library." This statement would seem to imply a definite principle to
be adhered to when making criticisms of the policies, services and personnel. It would, however, leave the individual to decide whether or not his criticism would improve the library and it is quite likely that the question of the constructiveness of his criticism could be vigorously disputed. This also raises the question of whether or not all criticism must be constructive.

Item eighteen states "A Librarian should never enter into a business dealing on behalf of the library which will result in a personal profit." Strict compliance with this principle would certainly prevent the Librarian from receiving monetary gain as a result of the transactions he may conduct on behalf of the library. One could, however, visualize situations in which he could receive other forms of personal gain or profit as a result of the performance of his professional duties. Would it be unethical for him to accept these "profits"?

Under the section dealing with the relationship of the Librarian to his profession the Librarian is encouraged to "have a sincere belief and critical interest in the library profession, ...refrain from criticizing other libraries unless asked by them to do so, and to have membership in library organizations and attend conferences, etc."¹ These extorations may prevent Librarians from criticizing

¹ Item 23 of Code.
other libraries but it is doubtful that they can acquire "a sincere belief" by being told to have one.

Item twenty-six under the heading "Relation of Librarian to Society" states "Librarians should encourage a general realization of the value of library service and be informed concerning movements, organizations, and institutions whose aims are compatible with those of the library." By implication, is the Librarian asked to be uninformed about movements, etc., that are not compatible with the aims of the library? Who determines whether or not these movements are compatible with the aims of the library?

The A.L.A. code has fallen into disuse during the twenty-seven years since its inception and there are no institutions set up to administer the code. Lacking a judiciary, the code has never in effect been implemented. It is not the purpose of this study to examine why this should be so, but rather to attempt to bring forth some of the policy statements, statements of right conduct, etc., that Librarians have adopted to serve as guides for their profession.

The Library Bill of Rights

The Library Bill of Rights¹ is a policy statement adopted by the American Library Association on June 18, 1948.²

1 See Appendix p. 218 for Reprint of "Library Bill of Rights."

It is a short but explicit statement as to the basic policies which should govern the services of all libraries. It un-equivocally states what stand libraries must take on matters of censorship of books and restriction of library use. It is a statement which Librarians can turn to in seeking enlightenment about the position they should take in regard to social, political and moral issues confronting their profession. Consisting of only six items, the Library Bill of Rights does not outline rules of professional conduct in the narrow sense of Librarian interrelationships, employer-employer relationships, etc., but instead states clearly the stand that Librarians should take concerning some of the issues basic to their profession. There is no separation of the "Librarian" from the "library" and while the Bill makes reference only to the term "library", it is evidently postulating a unity of purpose between the employer and the employee. Thus the library is seen as an institution within which Librarianship is practiced.

The American Library Bill of Rights has become known to many Canadians through reference to it in Canadian Journals and also through its inclusion on the curriculum of at least one Canadian School of Librarianship.¹

The Freedom to Read

The A.L.A. has endorsed yet another statement which

¹ S. Rothstein, Personal Interview, February 24, 1965.
concerns the protection of the public by the professional. "The Freedom to Read"¹ was a statement prepared jointly by the A.L.A. and the American Book Publishers Council, May 2nd and 3rd, 1953. This statement contains only seven propositions but each proposition is followed by an exposition which serves to make the meaning of each proposition more precise.

The first proposition reads: "It is in the public interest for publishers and Librarians to make available the widest diversity of views and expressions, including those which are unorthodox or unpopular with the majority." This statement makes reasonably clear the stand Librarians and publishers should take regarding censorship. The propositions that follow are also mainly concerned with problems of various types of censorship and state quite clearly that Librarians themselves are not to undertake any direct or indirect censorship.

One can foresee some difficulty in interpreting item number four which begins "The present laws dealing with obscenity should be vigorously enforced...". Is this statement not a direct contradiction of the preceding statements urging a complete ban on censorship? Who determines what is obscene?

The Library Bill of Rights and the Freedom to Read

statement are documents that have had, and will continue to have, far reaching implications for the Librarianship profession. Many will argue that these statements in no way negate the necessity for a code of ethics as these statements deal only with the profession's obligation to the public and do not offer any guidance for Librarians' relationships with their colleagues or with their employers. While it may be true that these statements do not directly do so, they certainly would appear to imply that a Librarian must adhere to these principles whether he is under pressure from the reading public or from the Library Board. As for colleague cooperation it would seem that these principles do apply in their general sense in that all Librarians must work cooperatively, and not competitively, if they are to make the widest possible range of books available to the public.

Other Canadian Statements of Professional Responsibility

During the past ten years there have been several articles published in various Canadian Library Periodicals stressing the need for a code of ethics.1,2 Several committees have studied the possibility of drawing up a code of ethics, but all have failed to produce a code acceptable


to the memberships of the various Library associations. Perhaps one of the major reasons for the failure is that there has also been a recent drive to form professional library associations, and it would seem that the matter of ethics has been left in abeyance until professional associations have been formed. When the latter has been accomplished they would then be in a position to make a code operable.

The Librarian's Professional Credo

The C.L.A. journal, Feliciter, published part one of a proposed Librarian's Professional Credo in its December 1958 issue.¹ The Credo was based upon the question "What makes a professional worker professional," and was said to have received general approval from the members of the committee on ethics.² At the time of publication of the Credo the readers were asked for their comments so that the Credo could be revised and officially adopted, but we have been unable to find any further references to the Credo in later issues of the Feliciter.

Upon examining "The Librarian's Professional Credo",³ we discover that many of the sixteen points are almost identical with those contained in codes of ethics of several other professions. For example, the assumption of responsibility

² Ibid., p. 1.
³ See Appendix p. 228 for copy of "Librarian's Professional Credo".
for one's own work (Item 5), respect for confidentiality (Item 8), loyalty to fellow workers (Item 9), airing grievances through proper channels (Item 11) and the sovereignty of the principle of rendering a service (Item 16) are statements of principles to be found in many codes of ethics.

The first four items of the Credo would seem to be statements designed to affirm the autonomy of the Librarian, an important principle in any profession, and also to increase his prestige -- a factor which seems necessary in creating a professional image. The remaining items deal chiefly with the relationships between Librarians. It was intended that a second part be added to the Credo which would incorporate Dr. R.S. Ranganathan's five laws of Library Science which he expounded in his article "The Five Laws of Library Science". The five laws as quoted in the December 1958 Feliciter were:

(1) Books are for use.
(2) Every reader his book.
(3) Every book its reader.
(4) Save the time of the reader.
(5) The library is a growing organism.

It does not appear that the second part of the Credo was ever drawn up, or if so, was never published. Per-

haps Dr. Rothstein's "Law of Consequentiality" was applied to these five laws and they were discarded as a basis for a Credo?

Professional Conduct as Seen by the I.P.L. of Ontario

Since the Institute of Victoria Librarians has used the I.P.L. as its model,¹ and since the British Columbia professional association (if formed) will probably do likewise,² it may be enlightening to examine some of the statements produced by the I.P.L. in its avowed purpose of increasing the quality of library service.

The I.P.L. issues newsletters to its members and occasionally includes in the newsletter an "Information Bulletin" which is a policy statement on some aspect of the librarianship profession and of the professional's relationship to the I.P.L.

To date the I.P.L. has issued five Information Bulletins. Only two of them will be dealt with extensively here but it may be helpful in gaining a better overall perspective on the I.P.L.'s activities if we briefly list the contents of the remaining three bulletins.


Information Bulletin No. 1, published in September 1960,\(^1\) set forth the reasons why another library organization was needed in Ontario. In summary, it stated that C.L.A. and O.L.A. were inadequate to cope with the problems of standard setting and the welfare of professional Librarians and that this task should be in the exclusive control of a professional association.

The second Information Bulletin, revised and published in the October 1961 I.P.L. Newsletter, was designed to give its members guidance concerning the question of participation in Labor Unions.\(^2\) Librarians, especially in the Windsor area, had been forced to join Unions against their will since under the Labor Relations Act, if a majority of a library staff wish to join a Union, all other personnel, except managerial staff, are also obliged to pay Union dues.\(^3\) Many Librarians felt that it was not professional to belong to a Labor Union and thus the I.P.L. began to take measures to place its members outside the jurisdiction of the Labor Unions.

In part, the Bulletin states "The I.P.L. Board of Directors maintains that Professional Librarians should

---

\(^1\) Institute of Professional Librarians Newsletter, September 1960.

\(^2\) See Appendix p. 231 for copy of Information Bulletin No. 2.

\(^3\) Brian Rand, "The Institute of Professional Librarians", *British Columbia Library Quarterly*, vol. 25, No. 4 (April 1962), p. 3.
claim and maintain their status as a profession, not by joining a Union, but by uniting in a province wide association and by obtaining statutory recognition for the profession of librarianship through enactment of the necessary provincial legislation." This is a relatively clear statement of policy and the I.P.L. was partly successful in implementing it when it succeeded in having the Ontario Legislature assent to "The Institute of Professional Librarians of Ontario Act, 1962-63."\(^1\) However, because of the fact that the I.P.L. does not represent more than fifty per cent of the professional librarians in the province, Librarians are still not exempt from the Labor Relations Act and thus many are still forced to pay union dues.

Information Bulletin No. 3\(^2\) was a statement of the professional qualifications required for admission to I.P.L. A Bachelor of Library Science degree was set forth as being the minimum requirement but a "grandfather clause" was included so that older, experienced, yet unqualified, Librarians could join.

The fourth Information Bulletin, published in January 1962, was entitled "Recommendations of Professional

---


2 Institute of Professional Librarians Newsletter, August 1961.
Conduct: Some Do's and Don'ts for I.P.L. Members. It further adds that these recommendations "...have been printed here for your protection and guidance."

While these recommendations are not specifically referred to as a code of ethics they are designed "...to encourage high professional ethics and job responsibility... and hopes to be of assistance in clarifying individual employment problems as they arise."

Almost all of the ten items making up this statement are concerned with professional etiquette in accepting and terminating employment, etc. While there is no formal body set up to administer this "code", the introduction states "Any Librarian who is an I.P.L. member may ask for assistance and legal advice will be made available if necessary."

The most recent Information Bulletin, published in the May 1964 I.P.L. Newsletter, is a proposed statement of objectives of the I.P.L. In Section A (iii) it is argued that the profession can provide good service only if it has the right to determine the professional positions required in providing service and through absolute jurisdiction over Librarians in matters pertaining to the profession. In other words, the profession wants complete autonomy as to how it does its work but not over what it does.

1 See Appendix p. 233 for copy of Information Bulletin No. 4.
2 See Appendix p. 235.
One of the objectives under Section B (2) is "disciplining of members - codes of ethics - disciplining measures." These objectives make it quite clear that the profession hopes to become completely autonomous insofar as job performance and control of personnel are concerned.

**Summary**

Librarians in both Canada and the United States have been striving to obtain recognition for their professional competence and thus hope to gain status for the profession. Opinions differ as to whether a code of ethics is really necessary for the profession to function in the best service of the public. Librarians in one camp turn to the Library Bill of Rights and the Freedom to Read statement and claim that adherence to these principles will do much to improve the library services of which Librarians are an integral part. Librarians in the opposite camp agree that such principles may have the effect of enhancing library service, but are quick to point out that the welfare of the individual Librarian is not well taken care of by such principles. It is largely in order to make possible the enhancement of Librarianship as a profession that professional associations, which may at some future date formulate a code of ethics, are being formed.

Dr. Rothstein feels that the professional schools can do more in the way of promoting high ethical standards, enlightened administration of libraries, idealistic librar-
ianship philosophies and general integration of library services than any professional association would be able to do. The professional schools help develop self awareness and encourage self-criticism while the professional associations tend to do the very opposite. 1

It would seem that librarian's are in a peculiarly awkward position in that most of the important questions they have a natural concern with (above all, censorship and free speech) lie in the hands of Parliament, the Courts, public opinion, Library Boards, and so on and so forth. This does not mean that librarian's should not have, express, and act on their own convictions: indeed they should. But they obviously need to have legislative and constitutional grounds for formulating and standing upon their convictions. In other words, the indissoluble connection between questions of "ethics" (in the narrow sense which pertains to the conduct of the individual practitioner) and social policy is demonstrated in the case of Librarianship with exceptional clarity and vividness.

In summary, this chapter has dealt with codes of ethics by focusing upon the semi-philosophical statements, and the like, that appear at the present time to take the place of a specifically regulatory code of ethics for Librarians. Librarians are working on the problems which face their profession. The fact that they are not tied to a code

1 S. Rothstein, Personal Interview, March 16, 1965.
of ethics may indeed be a blessing in disguise, since there is no formal instrument within the profession to prevent free thinking and self-criticism.
CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS FOR IMPROVING THE USEFULNESS OF THE PROFESSIONAL CODES OF ETHICS

The Protective Function of Codes of Ethics

All professions and semi-professions which clearly have a responsibility for protecting either the members of the profession, or their clientele, should as a matter of public interest have a Code of Ethics -- particularly in the absence of other and superior methods of providing that protection, such as market mechanisms or the free play of ideas. The general public is not knowledgeable enough to make an informed and rational decision about the scrupulousness or competency of the professional services, or about whether that service is in fact in their own best interests. The patient himself cannot decide if a recommended operation is necessary. The client giving confidential information to the social worker requires assurance that it will be responsibly used on his behalf. People must rely on publishers and librarians to ensure them free access to the widest possible diversity of available information. Everyone is, in some way, affected by the broad range of professional and semi-professional services offered in modern society. It is therefore a matter of public interest that both the professionals
and the clientele be protected by some device.

Codes of Ethics are one such device to prevent individual practitioners from undermining collective purposes, and to ensure that standards of service are maintained.

The fact that many professions have developed a Code of Ethics as a status symbol is irrelevant. The authentic case for developing a Code lies in whether or not this form of protection is in fact necessary. If a firm guarantee of protection is to be given to professionals acting in the public interest, standards must be clarified and operationally defined.

Obviously this whole question of protecting professional people and the public has been given too little attention on either side. It is equally obvious that it is too important a question to be left in its present unsettled state.

The Conciliation of Ethical Principles and Questions of Social Policy

Some method of conciliating ethical principles and policy questions is required in acknowledgement of the structural implications of all specifications of either rights or duties. In so far as Code of Ethics deal with the rights and duties of professional people and of their clientele, the forms and the instruments of those rights and duties must be stated so as to provide answers to the practical question of
where, when, how, and in regard to what are the general principles to be applied in particular situations.

For example, medical doctors have a general ethical commitment to preserve human life, but in the last two decades it has become part of the "patriotic duty" of some members of this profession to develop materials to be used destructively in biological warfare. On what basis is the doctor to solve this dilemma of conflicting principles? Members of the librarian profession are faced with a similar dilemma in reconciling their advocacy of the freedom to read with a library board's policy of removing selected books from the open shelves, thereby restricting their availability to the reading public. Social workers cannot escape the dilemma either. One example that comes to mind from this profession is the conflict between the commitment of the worker to treat all information he acquires in the performance of his professional duties as confidential, and the well established policy of using such information in pre-sentence reports which may have a substantial bearing on the judge's disposition of the case.

Until some system of conciliating ethical principles and questions of social policy is established, confusion and conflict are inevitably detrimental both to professional people and to the public in receipt of their services.

The Rights of the Public

It follows that nothing is to be gained by establish-
ing regulations or drawing out their structural implications if one or the other group of the two involved, (the professionals and the public) is unaware of what has been done. The public, in whose interests professional people are acting, has a right to know both the ethical standards adopted and their implications for public policy. Only then will the public be in a position to exercise its right and responsibility to participate in the judgment of professional competency and responsibility.

Looked at in the light of cold reason, there is nothing so special about the rights and privileges of professional people that none of them should become part of the rights and privileges of all people. For example, there is a case for establishing a legal guarantee of security of employment unless there are grounds for dismissal. This would protect all people, and not just professionals, from arbitrary dismissal from employment. Large numbers of unskilled and skilled workers would then be assured that they would not be displaced from their jobs for capricious or inadequate reasons.

**The Rights of the Professionals**

Professional practitioners must be guaranteed certain rights to conduct their lives as they, as individual citizens, see fit. Wherever the line is drawn, it must be done to preserve rights to privacy and with the public interest in mind. If such were the case, the social worker would
have the right to be active in an unpopular political party without risking the loss of employment, a lawyer would be beyond censure by his professional association for an impaired driving charge, and a university professor could not be pressured by his employer into legally marrying his common-law wife. It is reasonable to conclude that a practitioner must be guaranteed all personal freedoms to the extent that his private activities do not adversely affect the performance of his professional duties or deprive us of all confidence that he will continue to do so.

Contents of the Codes of Ethics

It appears that some points in the Codes of Ethics are clearly designed as regulations applying to professional conduct of one kind or another. The Institute of Professional Librarians in Ontario lists several "do's and don't's" for members. Social workers are to practice only where the principles contained in their Code of Ethics are adhered to. Other points in professional Codes of Ethics affirm certain established ethical principles or indicate professional ideals that are unattainable but are to be striven for. The librarian profession's statement about The Freedom to Read, and the Library Bill of Rights are examples of the latter.

If the stated ethical principles embodied in the Codes of Ethics can be translated into specific decisions and choices, they can become an important focus for public discussion of serious policy questions. If, on the other
hand, these ethical proclamations are purely rhetorical and self-congratulatory in character, and cannot be translated into practical profession action or serve as the basis for the formulation of public policy, they are insidiously harmful. The illusion is created that something germane has been said and that something useful is being done when the reality is quite otherwise. Section Ten of the American Medical Association's Code of Ethics illustrates this. It states that physicians have a responsibility to improve the health and welfare of individuals and of the community. Yet, American doctors vehemently oppose schemes for providing universal and comprehensive medical care. The ethical principle is in itself laudable, but in its excessively general terms it provides no basis for professional action or public policy. Similar examples can be drawn from other professions.

**Review of Codes of Ethics**

This observation prompts the further remark that a systematic review of the contents of the Codes of Ethics is required if they are to be kept up-to-date and consistently applicable in practice.

A series of tests is needed to identify and eliminate from the Codes of Ethics those points that are purely rhetorical and self-congratulatory and therefore misleading and harmful, and to establish methods of adjudication by means of which the Codes could yield or provide decision-making procedures. Both the content of the Codes and the methods by
which they are administered should give substantial indication of what to do in specific situations.

For the medical profession, methods of adjudication are laid down by the provincial medical acts to be administered by the provincial College of Physicians. There is nothing in the Code itself to indicate how it should be adjudicated on the local level. The statements of ethics by the librarian's Institute and the Code of Ethics for social workers make no provisions or suggestions regarding the methods of deployment.

**Adherence to the Requirements of Due Process**

Attention must be given to developing or revising the professional Codes of Ethics in accordance with the requirements of due process. Perhaps legal consultation is explicitly required to ensure that the Codes of Ethics meet certain minimal standards of "natural justice", as that term is commonly understood by lawyers. This would require the establishment of written procedures for laying a complaint and conducting an investigation. The "accused" would automatically be informed of the charge with which he is being faced and the evidence alleged in support of that charge. Tribunals to prosecute and to judge alleged ethical violations would be selected on the basis of well defined criteria. The "accused" would have a guaranteed right to legal representation. The proceedings of the investigation would be documented and made available to other adjudicators in the
profession in order to build up a significant body of precedents. A right of appeal would be guaranteed to the person found guilty of violating the Code of Ethics, and machinery would be established to enable that right to be effectively exercised.

In addition to adhering to the requirements of due process within the profession itself, there is a case for establishing a system of procedures ensuring clients the right to appeal professional decisions, thereby more firmly guaranteeing their protection.

**Separation of the Issues of Ethics and Competence**

One suggestion prompted by the data studied is that there should be a separation and clarification of the issues of ethics and competence. If all practitioners were eligible for membership in their professional association by virtue of their having assumed the responsibilities inherent in their particular job, instead of by virtue of their putative technical skill, expertness and academic qualifications, the professional associations would then have the right to claim jurisdiction over all personnel in professional positions, and would consequently be in a better position to ensure adherence to standards of ethical practice. This argument could certainly be applied to the professions of social work and librarianship in which the existing professional associations accept only those people performing professional tasks who have fulfilled fairly stringent eligi-
ability requirements. Just as untrained librarians are unable to join the Institute of Professional Librarians in Ontario, so untrained social workers are unable to join the National Association of Canada.

Responsibilities of Educators

It is apparent that matters dealt with by the Codes of Ethics should be an integral part of professional and non-professional education. At the present time, these matters are not handled systematically or thoroughly. Principles are transmitted in the form of platitudes, or through a process of ethical osmosis based on the expectation that they will be acquired by practitioners during academic preparation for the work or in the performance of the work itself. Unless practitioners have a thorough understanding of the ethical principles embodied in the Codes, and unless they are provided with the right and the opportunity to participate in formulating and refining those principles, then the Codes of Ethics can be nothing else but oppressive super-imposed rules to be adhered to in order to avoid censure by the professional associations. Sound educational practices in the area of the teaching of ethics would be the first step to ensuring that the majority of practitioners would conduct themselves appropriately in the performance of their tasks.

In summary, we can fairly say that the whole subject of ethical principles and their implications for social policy is a sadly neglected one. Since the Codes of Ethics
embody the ethical principles of the professions, it is obvious that the professions themselves must assume leadership in focusing more systematic and rational attention on them in order to justify their existence and to ensure that they do fulfill their purpose of specifying the forms of service and of regulating the conduct of the practitioner in his performance of the duties implicit in that service.
Appendix

Canadian Association of Social Workers
Association Canadienne des Travailleurs Sociaux

Code of Ethics
(Adopted 1938)

Preamble

It is assumed that a professional social worker is motivated by an interest in the well-being of humanity rather than personal gain or advancement; that he will have knowledge and competence in his field, and that he is a person of integrity and open-mindedness.

1. A social worker's essential responsibility is the welfare of his clients.

2. A social worker's relationship to his colleagues should be based upon honesty, fairness, open-mindedness and appreciation of the part each plays in the larger professional field.

3. A social worker should so control his personal activities that he does not impair his professional capabilities nor bring adverse criticism upon his profession.

4. A social worker owes his employing agency conscientious service and adherence to the policies and regulations of his organization, which includes a responsibility to work toward their improvement and development.
5. A social worker is responsible for undertaking and stimulating progressive study, interpretation and action with a view to improving professional services and community standards.
The profession of social work is founded upon the recognition of the worth and dignity of persons of whatever race, religion, political philosophy or social status. It seeks to help individuals, groups and communities to attain satisfying relationships and standards of life and to carry their responsibility for the common good.

This commits social workers to help build a society in which man has freedom of worship, of speech and of assembly and reasonable security against such hazards of life as those attendant upon illness and unemployment.

While the community as a whole carries the broad responsibility for achieving these goals, social workers have specific responsibilities in the interpretation of need and in the effective administration of services entrusted to them.

Certain principles are basic to ethical conduct.
The Canadian Association of Social Workers subscribes to the following as applicable to the profession of social work and binding upon its members. It considers such requirements to be valid for every person practising social work as a profession.

Part II

PRINCIPLES OF PROFESSIONAL CONDUCT

The social worker regards as his primary obligation the welfare of the persons served.

The Social Worker and the Persons Served.

(a) The social worker recognizes and accepts the right and responsibility of persons and groups served to make their own decisions and to act for themselves unless they give this authority to the agency, or unless the agency must act in a protective role in order to safeguard the persons or the community.

(b) The social worker respects and safeguards the right of persons to confidential treatment of information given. These rights are also protected by:

1. Fulfilling the standards of the agency respecting confidentiality, and working towards their improvement where needed.

2. Refusing to accept employment or terminating employment in any setting which does not meet or does not indicate a willingness to achieve standards of con-
fidentiality.

3. Utilizing contacts with members of the community to further the understanding and acceptance of the principles of confidentiality.

The social worker serves people, primarily in agency settings. The worker has a responsibility to relate to the agency in a manner designed to assure the best possible service.

The Social Worker and the Employing Agency

(a) In considering a position of beginning employment or changing positions within an agency, the social worker is obligated to appraise himself of the needs of the agency in relation to the positions, and to evaluate with the agency his suitability.

(b) The social worker carries out agency objectives and policies to the best of his capacities, accepting no payment for himself from the clientele for services rendered; utilizes the codes and standards endorsed by the CASW; works through agency and professional channels to improve services.

(c) If agency policy or procedure, or the performance of staff members, seem to violate professional standards, the social worker should:

1. Through agency channels register his concern and work with others to assess the situation and to effect changes when indicated.
2. If the problem is not resolved in this way, the worker may consult with and seek guidance from other responsible agency and/or professional personnel.

(d) In considering termination of employment with an agency, for whatever reason, the social worker observes the terms of the employment contract and fulfills all the acts in accordance with professional ethics regarding disclosure of information obtained during employment.

The Social Worker and His Colleagues.

(a) The social worker respects the position, accomplishments, and differences in opinion of his colleagues; and acts in such a way as to support them in fulfilling their responsibilities. He uses the established channels to carry out his responsibilities and to express critical judgement on matters relative to professional performance of his colleagues.

(b) The social worker as applicant obtains permission to offer a colleague's name as reference and as a potential employer seeks reference only with the knowledge of professional performance in the context known; the contents are made known in substance to the applicant; and the references are used only for the purpose for which they were intended.

As a representative of the profession of social work and a citizen of the community, the social worker has responsibilities to act in accordance with the needs of the community. To this end the social worker:
The Social Worker and the Community.

(a) Contributes his knowledge, skills and support to programmes of community improvement.

(b) Assumes responsibility for upholding and interpreting the standards of the profession, and protecting the community against unethical practice on the part of individuals or organizations engaged in social welfare programmes.

(c) Is willing if appropriate to give professional service in a public emergency.

The Social Worker and the Profession of Social Work.

Membership in the professional association places upon the social worker responsibility to attain for himself and for the profession ever higher standards of competence; to assist the profession to make full contribution to the betterment of life; and to work to extend public confidence in the profession.
Canadian Association of Social Workers
Association Canadienne des Travailleurs Sociaux

Code of Ethics
(Adopted 1964)

Guiding Principles

The profession of social work is based upon a humanitarian concern for the welfare of people in society. It affirms the dignity and worth of human beings irrespective of origin, color and creed, and recognizes their right to individual differences. It upholds their right to equal opportunity and to freedom of opinion and beliefs. Social work is dedicated to the enhancement of human well-being through the provision and development of appropriate services, and through the promotion of social planning and action. It has developed methods of practice based on experience with and on scientific knowledge about individuals, groups and communities and their interrelationships.

The social worker has a commitment to the human and social purposes of the profession; and an obligation to serve these purposes with integrity and skill. He recognizes the competence of his particular discipline and its interdependence with other disciplines. He assumes responsibility for increasing his own knowledge and the knowledge content which underlies professional practice. He strives to insure that all professional tasks are performed by professionally educated personnel.
Derived from the above principles, the following Rules of Conduct apply to all social workers in their professional relationships and practice.

Rules of Conduct

1. The primary obligation of the social worker is to the welfare of the clients served, that is: individuals, groups or communities.
2. The social worker holds himself responsible for the quality of his professional performance.
3. The social worker treats as confidential all information acquired in the course of his practice, and when such information is revealed for professional purposes, it is done with discernment and with regard for the persons concerned.
4. The social worker treats with respect the statements and actions of colleagues, and uses professionally approved channels to express personal judgment on these matters.
5. The social worker works co-operatively with other professional disciplines with due regard to their recognized areas of competence.
6. The social worker performs his professional functions only in conditions that permit him to follow these Rules of Conduct.
7. The social worker makes clear in public statements or actions whether he is speaking or acting as an individual or as a delegated representative of the professional
organization or any other organization.

8. The social worker renders appropriate service in a public emergency.

9. The social worker acts in a responsible manner to protect the community against practices harmful to human welfare.

10. The social worker accepts responsibility to contribute his knowledge and skill to the stimulation, development and support of programmes of social welfare.
Appendix

CODE OF ETHICS FOR LIBRARIANS

Preamble:

1. The library as an institution exists for the benefit of a given constituency, whether it be the citizens of a community, members of an educational institution, or some larger or more specialized group. Those who enter the library profession assume an obligation to maintain ethical standards of behavior in relation to the governing authority under which they work, to the library constituency, to the library as an institution and to fellow workers on the staff, to other members of the library profession, and to society in general.

2. The term librarian in this code applies to any person who is employed by a library to do work that is recognized to be professional in character according to standards established by the American Library Association.

3. This code sets forth principles of ethical behavior for the professional librarian. It is not a declaration of prerogatives nor a statement of recommended practices in specific situations.

I. Relation of the Librarian to the Governing Authority

4. The librarian should perform his duties with realization of the fact that final jurisdiction over the administration of the library rests in the officially constituted govern-
ing authority. This authority may be vested in a designated individual, or in a group such as a committee or board.

5. The chief librarian should keep the governing authority informed on professional standards and progressive action. Each librarian should be responsible for carrying out the policies of the governing authorities and its appointed executives with a spirit of loyalty to the library.

6. The chief librarian should interpret decisions of the governing authority to the staff, and should act as liaison officer in maintaining friendly relations between staff members and those in authority.

7. Recommendations to the governing authority for the appointment of a staff member should be made by the chief librarian solely upon the basis of the candidate's professional and personal qualifications for the position. Continuance in service and promotion should depend upon the quality of performance, following a definite and known policy. Whenever the good of the service requires a change in personnel, timely warning should be given. If desirable adjustment cannot be made, unsatisfactory service should be terminated in accordance with the policy of the library and the rules of tenure.

8. Resolutions, petitions and requests of a staff organization or group should be submitted through a duly
appointed representative to the chief librarian. If a mutually satisfactory solution cannot be reached, the chief librarian, on request of the staff, should transmit the matter to the governing authority. The staff may further request that they be allowed to send a representative to the governing authority, in order to present their opinions in person.

II. Relation of the Librarian to His Constituency

9. The chief librarian, aided by staff members in touch with the constituency, should study the present and future needs of the library, and should acquire materials on the basis of those needs. Provision should be made for as wide a range of publications and as varied a representation of viewpoints as is consistent with the policies of the library and with the funds available.

10. It is the librarian's responsibility to make the resources and services of the library known to its potential users. Impartial service should be rendered to all who are entitled to use the library.

11. It is the librarian's obligation to treat as confidential any private information obtained through contact with library patrons.

12. The librarian should try to protect library property and to inculcate in users a sense of their responsibility for its preservation.
III. Relations of the Librarian Within His Library

13. The chief librarian should delegate authority, encourage a sense of responsibility and initiative on the part of staff members, provide for their professional development and appreciate good work. Staff members should be informed of the duties of their positions and the policies and problems of the library.

14. Loyalty to fellow workers and a spirit of courteous cooperation, whether between individuals or between departments, are essential to effective library service.

15. Criticism of library policies, service and personnel should be offered only to the proper authority for the sole purpose of improvement of the library.

16. Acceptance of a position in a library incurs an obligation to remain long enough to repay the library for the expense incident to adjustment. A contract signed or agreement made should be adhered to faithfully until it expires or is dissolved by mutual consent.

17. Resignations should be made long enough before they are to take effect to allow adequate time for the work to be put in shape and a successor appointed.

18. A librarian should never enter into a business dealing on behalf of the library which will result in personal profit.
19. A librarian should never turn the library's resources to personal use, to the detriment of services which the library renders to its patrons.

IV. Relation of the Librarian to His Profession

20. Librarians should recognize librarianship as an educational profession and realize that the growing effectiveness of their service is dependent upon their own development.

21. In view of the importance of ability and personality traits in library work a librarian should encourage only those persons with suitable aptitudes to enter the library profession and should discourage the continuance in service of the unfit.

22. Recommendations should be confidential and should be fair to the candidate and the prospective employer by presenting an unbiased statement of strong and weak points.

23. Librarians should have a sincere belief and a critical interest in the library profession. They should endeavor to achieve and maintain adequate salaries and proper working conditions.

24. Formal appraisal of the policies or practices of another library should be given only upon the invitation of that library's governing authority or chief librarian.

25. Librarians, in recognizing the essential unity of their profession, should have membership in library organizations and should be ready to attend and participate in library meetings and conferences.
V. Relation of the Librarian to Society

26. Librarians should encourage a general realization of the value of library service and be informed concerning movements, organizations and institutions whose aims are compatible with those of the library.

27. Librarians should participate in public and community affairs and so represent the library that it will take its place among educational, social and cultural agencies.

28. A Librarian's conduct should be such as to maintain public esteem for the library and library work.

LIBRARY BILL OF RIGHTS

The Council of the American Library Association reaffirms its belief in the following basic policies which should govern the services of all libraries:

1. As a responsibility of library service, books and other reading matter selected should be chosen for values of interest, information and enlightenment of all the people of the community. In no case should any book be excluded because of the race or nationality or the political or religious views of the writer.

2. There should be the fullest practicable provision of material presenting all points of view concerning the problems and issues of our times, international, national, and local; and books or other reading matter of sound factual authority should not be proscribed or removed from library shelves because of partisan or doctrinal disapproval.

3. Censorship of books, urged or practiced by volunteer arbiters of moral or political opinion or by organizations that would establish a coercive concept of Americanism, must be challenged by libraries in maintenance of their responsibility to provide public information and enlightenment through the printed word.

4. Libraries should enlist the cooperation of allied groups in the fields of science, of education, and of book publishing in resisting all abridgment of the free access
to ideas and full freedom of expression that are the
tradition and heritage of Americans.

5. The rights of an individual to the use of a library
should not be denied or abridged because of his race,
religion, national origins or political views.

6. As an institution of education for democratic living,
the library should welcome the use of its meeting rooms
for socially useful and cultural activities and dis-
cussion of current public questions. Such meeting places
should be available on equal terms to all groups in the
community regardless of the beliefs and affiliations of
their members.

Adopted June 18, 1948; Amended February 1, 1961, by
the A.L.A. Council.
THE FREEDOM TO READ


The freedom to read is essential to our democracy. It is under attack. Private groups and public authorities in various parts of the country are working to remove books from sale, to censor textbooks, to label "controversial" books, to distribute lists of "objectionable" books or authors, and to purge libraries. These actions apparently rise from a view that our national tradition of free expression is no longer valid; that censorship and suppression are needed to avoid the subversion of politics and the corruption of morals. We, as citizens devoted to the use of books and as librarians and publishers responsible for disseminating them, wish to assert the public interest in the preservation of the freedom to read.

We are deeply concerned about these attempts at suppression. Most such attempts rest on a denial of the fundamental premise of democracy: that the ordinary citizen, by exercising his critical judgment, will accept the good and reject the bad. The censors, public and private, assume that they should determine what is good and what is bad for their fellow-citizens.

We trust Americans to recognize propaganda, and to reject obscenity. We do not believe they need the help
of censors to assist them in this task. We do not believe they are prepared to sacrifice their heritage of a free press in order to be "protected" against what others think may be bad for them. We believe they still favor free enterprise in ideas and expression.

We are aware, of course, that books are not alone in being subjected to efforts at suppression. We are aware that these efforts are related to a larger pattern of pressures being brought against education, the press, films, radio and television. The problem is not only one of actual censorship. The shadow of fear cast by these pressures leads, we suspect, to an even larger voluntary curtailment of expression by those who seek to avoid controversy.

Such pressure toward conformity is perhaps natural to a time of uneasy change and pervading fear. Especially when so many of our apprehensions are directed against an ideology, the expression of a dissident idea becomes a thing feared in itself, and we tend to move against it as against a hostile deed, with suppression.

And yet suppression is never more dangerous than in such a time of social tension. Freedom has given the United States the elasticity to endure strain. Freedom keeps open the path of novel and creative solutions, and enables change to come by choice. Every silencing of a heresy, every enforcement of an orthodoxy, diminishes the toughness and resilience of our society and leaves it the less able to deal with stress.
Now as always in our history, books are among our greatest instruments of freedom. They are almost the only means for making generally available ideas or manners of expression that can initially command only a small audience. They are the natural medium for the new idea and the untried voice from which come the original contributions to social growth. They are essential to the extended discussion which serious thought requires, and to the accumulation of knowledge and ideas into organized collections.

We believe that free communication is essential to the preservation of a free society and a creative culture. We believe that these pressures towards conformity present the danger of limiting the range and variety of inquiry and expression on which our democracy and our culture depend. We believe that every American community must jealously guard the freedom to publish and to circulate, in order to preserve its own freedom to read. We believe that publishers and librarians have a profound responsibility to give validity to that freedom to read by making it possible for the readers to choose freely from a variety of offerings.

The freedom to read is guaranteed by the Constitution. Those with faith in free men will stand firm on these constitutional guarantees of essential rights and will exercise the responsibilities that accompany these rights.

We therefore affirm these propositions:

1. It is in the public interest for publishers and librar-
ians to make available the widest diversity of views and expressions, including those which are unorthodox or unpopular with the majority.

Creative thought is by definition new, and what is new is different. The bearer of every new thought is a rebel until his idea is refined and tested. Totalitarian systems attempt to maintain themselves in power by the ruthless suppression of any concept which challenges the established orthodoxy. The power of a democratic system to adapt to change is vastly strengthened by the freedom of its citizens to choose widely from among conflicting opinions offered freely to them. To stifle every non-conformist idea at birth would mark the end of the democratic process. Furthermore, only through the constant activity of weighing and selecting can the democratic mind attain the strength demanded by times like these. We need to know not only what we believe but why we believe it.

2. Publishers and librarians do not need to endorse every idea or presentation contained in the books they make available. It would conflict with the public interest for them to establish their own political, moral or aesthetic views as the sole standard for determining what books should be published or circulated.

Publishers and librarians serve the educational process by helping to make available knowledge and ideas required for the growth of the mind and the increase of learning. They do not foster education by imposing as men-
tors the patterns of their own thought. The people should have the freedom to read and consider a broader range of ideas than those that may be held by any single librarian or publisher or government of church. It is wrong that what one man can read should be confined to what another thinks proper.

3. It is contrary to the public interest for publishers or librarians to determine the acceptability of a book solely on the basis of the personal history or political affiliations of the author.

A book should be judged as a book. No art or literature can flourish if it is to be measured by the political views or private lives of its creators. No society of free men can flourish which draws up lists of writers to whom it will not listen, whatever they may have to say.

4. The present laws dealing with obscenity should be vigorously enforced. Beyond that, there is no place in our society for extra-legal efforts to coerce the taste of others, to confine adults to the reading matter deemed suitable for adolescents, or to inhibit the efforts of writers to achieve artistic expression.

To some, much of modern literature is shocking. But is not much of life itself shocking? We cut off literature at the source if we prevent serious artists from dealing with the stuff of life. Parents and teachers have a responsibility to prepare the young to meet the diversity
of experiences in life to which they will be exposed, as they have a responsibility to help them learn to think critically for themselves. These are affirmative responsibilities, not to be discharged simply by preventing them from reading works for which they are not yet prepared. In these matters taste differs, and taste cannot be legislated; nor can machinery be devised which will suit the demands of one group without limiting the freedom of others. We deplore the catering to the immature, the retarded or the maladjusted taste. But those concerned with freedom have the responsibility of seeing to it that each individual book or publication, whatever its contents, price or method of distribution, is dealt with in accordance with due process of law.

5. It is not in the public interest to force a reader to accept with any book the prejudgment of a label characterizing the book or author as subversive or dangerous.

The ideal of labeling presupposes the existence of individuals or groups with wisdom to determine by authority what is good or bad for the citizen. It presupposes that each individual must be directed in making up his mind about the ideas he examines. But Americans do not need others to do their thinking for them.

6. It is the responsibility of publishers and librarians, as guardians of the people's freedom to read, to contest encroachments upon that freedom by individuals or groups seeking to impose their own standards or tastes upon the com-
It is inevitable in the give and take of the democratic process that the political, the moral, or the aesthetic concepts of an individual or group will occasionally collide with those of another individual or group. In a free society each individual is free to determine for himself what he wishes to read, and each group is free to determine what it will recommend to its freely associated members. But no group has the right to take the law into its own hands, and to impose its own concept of politics or morality upon other members of a democratic society. Freedom is no freedom if it is accorded only to the accepted and the inoffensive.

7. It is the responsibility of publishers and librarians to give full meaning to the freedom to read by providing books that enrich the quality of thought and expression. By the exercise of this affirmative responsibility, bookmen can demonstrate that the answer to a bad book is a good one, the answer to a bad idea is a good one.

The freedom to read is of little consequence when expended on the trivial; it is frustrated when the reader cannot obtain matter fit for his purpose. What is needed is not only the absence of restraint, but the positive provision of opportunity for the people to read the best that has been thought and said. Books are the major channel by which the intellectual inheritance is handed down, and the principal means of its testing and growth. The defense of their freedom and integrity, and the enlargement of their
service to society, requires of all bookmen the utmost of their faculties, and deserves of all citizens the fullest of their support.

We state these propositions neither lightly nor as easy generalizations. We here stake out a lofty claim for the value of books. We do so because we believe that they are good, possessed of enormous variety and usefulness, worthy of cherishing and keeping free. We realize that the application of these propositions may mean the dissemination of ideas and manners of expression that are repugnant to many persons. We do not state these propositions in the comfortable belief that what people read is unimportant. We believe rather that what people read is deeply important; that ideas can be dangerous; but that the suppression of ideas is fatal to a democratic society. Freedom itself is a dangerous way of life, but it is ours.

Endorsed by:
American Library Association Council
American Book Publishers Council Board of Directors
American Booksellers Association Board of Directors
Book Manufacturers' Institute Board of Directors
National Education Association Commission For The Defense Of Democracy Through Education
THE LIBRARIAN'S PROFESSIONAL CREDO

Part I

The Librarian

1. THE LIBRARIAN AS A PROFESSIONAL WORKER DOES NOT REQUIRE CLOSE SUPERVISION OR DIRECTION. He has been taught in his professional library school how to direct his activities once he is made acquainted with his work programme. It is his duty to direct himself, to plan his own activities and to work independently.

2. THE LIBRARIAN DOES NOT REGARD HIMSELF AS AN EMPLOYEE. He does not consider himself to be working for a "boss." He regards his supervisors as fellow professional workers, and they regard him in the same way.

3. THE LIBRARIAN DOES NOT WORK BY THE HOUR. He does not expect to adhere strictly to a minimum time schedule. He adjusts his working hours to meet the necessities and responsibilities of his duties, without thought as to "overtime" or "standard work week".

4. THE LIBRARIAN DOES NOT EXPECT TO BE PAID BY THE HOUR. He expects the overall sum for which he has agreed to perform his duties. This sum is based upon the responsibilities involved and the professional service rendered. It cannot be measured in hours. Professions whose members regularly demonstrate this are those where compensation is highest.
5. **THE LIBRARIAN TAKES FULL RESPONSIBILITY FOR THE RESULTS OF HIS EFFORTS AND ACTIONS.** He makes his own decisions and acts upon them. He may seek advice and counsel but he does not attempt to transfer responsibility for his own mistakes to others.

6. **THE LIBRARIAN CONTINUALLY SEeks SELF-IMPROVEMENT.** He takes advantage of every opportunity to improve his knowledge and understanding in connection with his professional duties.

7. **THE LIBRARIAN CONTRIBUTES TO THE SKILL AND KNOWLEDGE OF THE PROFESSION.** He develops new ideas, plans and materials and gladly shares them with fellow workers.

8. **THE LIBRARIAN RESPECTS THE CONFIDENCE OF OTHERS.** The welfare of those he serves often requires that information concerning them remain confidential. He never violates this confidence.

9. **THE LIBRARIAN IS LOYAL TO HIS FELLOW WORKERS.** He never gossips about them nor about those he serves.

10. **THE LIBRARIAN AVOIDS RUMOUR AND HEARSAY.** He does not credit or repeat information received through the "grape-vine". He obtains information which is important to him directly from those authorized to release it.

11. **THE LIBRARIAN ADJUSTS HIS GRIEVANCES THROUGH PROPER CHANNELS.** He discusses them directly and privately with those authorized to make adjustments. He refrains from
complaining and grumbling to others.

12. **THE LIBRARIAN MEETS HIS PROFESSIONAL OBLIGATIONS.** He fulfills completely all agreements and obligations entered into with fellow workers, whether they are legal or moral obligations.

13. **THE LIBRARIAN IS SENSITIVE TO THE PROBLEMS OF HIS FELLOW WORKERS.** He always considers the effect of his actions on the welfare of fellow workers.

14. **THE LIBRARIAN DOES NOT ADVANCE HIMSELF AT THE EXPENSE OF OTHERS.** He strives for promotion and advancement in the profession only on the basis of superior preparation and worthy professional performance.

15. **THE LIBRARIAN IS PROUD OF HIS PROFESSION.** He always reflects to those outside the profession a pride and satisfaction in the work in which he is engaged.

16. **THE LIBRARIAN'S CHIEF DESIRE IS TO RENDER A SERVICE.** To improve men's welfare is the end toward which the librarian devotes his career.
While recognising the value of trade unions in their own field and admitting the right of clerical employees and maintenance workers to join a union if they choose to do so, the Institute of Professional Librarians wishes to state its viewpoint regarding professional participation in union activity. All professional Librarians in Ontario are urged to consider the matter carefully before they are forced into a sudden decision.

The I.P.L. Board of Directors maintains that professional Librarians should claim and maintain their status as a profession, not be joining a union, but by uniting in a province-wide association and by obtaining statutory recognition for the profession of Librarianship through enactment of the necessary provincial legislation. Ontario teachers, for example, are governed by the Teaching Profession Act and are specifically excluded from the provisions of The Labour Relations Act. As long as Librarians do not have the necessary provincial legislation they will have neither statutory recognition as a profession nor exemption from the provisions of The Labour Relations Act. Inevitably they will be subject to union organization.

Under the provisions of The Labour Relations Act if the majority of a library staff should vote to join a union, all personnel below the managerial level, including professional Librarians, are obliged to pay union dues
whether or not they join the union. (The "Rand Formula")

The Board of Directors feels that a strong professional organization in Ontario is the best guarantee of independence and we urge all Librarians to become active members of I.P.L. and to support its programme for the advancement of the profession.
RECOMMENDATIONS RE PROFESSIONAL CONDUCT: SOME DO'S AND DON'TS FOR I.P.L. MEMBERS

These recommendations have been worked out by a special Committee of the IPL, and have been printed here for your protection and guidance.

One of the IPL's primary purposes is to encourage high professional ethics and job responsibility among professional Librarians and it hopes to be of assistance in clarifying individual employment problems as they arise. Any Librarian who is an IPL member may ask for assistance and legal advice will be made available if necessary.

1. Don't apply for or accept a library position not properly declared vacant.

2. Make sure that your appointment and your acceptance are made in writing stating specifically the position you are accepting and the initial salary.

3. Once you have accepted a position, observe your contract, whether written or verbal.

4. Do not accept an appointment for a permanent position unless you intend to stay for at least one year.

5. Do not accept employment with a library whose relations with the IPL are unsatisfactory. The onus is on you to ascertain personally from the Insti-
tute whether an unsatisfactory relationship exists.

6. If you find yourself in any professional difficulty contact the Institute.

7. If you intend to resign, furnish written notice at least one month in advance. If you are dismissed, you should receive notice in writing stating the reasons for dismissal.

8. If you are in an administrative or supervisory capacity, do make and honest and determined effort to help and counsel a Librarian before subscribing to his dismissal.

9. Do attempt to extend the public knowledge of Librarianship and to discourage untrue, unfair or exaggerated statements with respect to the Library profession.

10. Keep yourself informed as to Institute policies and activities and take an active part in your Institute's work.

IPL hopes (through the work of such committees) to build up a procedure manual. More studies will be published as they are completed. Members of the committee drafting the above suggestions were Jean Burness, Margaret Cockshutt and Brian Land (Chairman).
PROPOSED STATEMENT OF OBJECTIVES

A. Argument

1. It is in the public interest to have a high quality of library service.

11. Such service can be provided only by a profession which works constantly toward improvement of its qualifications and standards of service.

111. This profession can provide a high quality of library service only if:

1) the public recognizes the importance of this service, and

2) gives the profession the right to control the professional performance of library service
   a) through determining the professional positions required in providing such service, and
   b) through jurisdiction over librarians in matters pertaining to the profession.

Therefore, the library service, professional positions and qualification of librarians are matters of public interest and are subject to public legislation.

B. Objectives

1. Raising standards of professional service by
   - upholding recognized standards of library service
   - classification of positions

   (definition of types of professional positions and duties normally considered professional in any type of library,
   Evaluation of positions according to this definition in any library employing IPLO members)
- control of professional positions
  (ensuring that only qualified IPLO members are appointed to professional positions)

2. **Upholding standards of librarianship**
   - definite standards of professional performance
   - definite professional qualifications
   - internship (e.g. one year of successful practice after BLS)
   - continuing education, both professional and in subject fields
   - licencing (enforcing employment of qualified librarians in professional positions)
   - limitation of the title "Librarian" to members of IPLO
   - compulsory membership (all persons occupying professional positions must be members of IPLO)
   - discipling of members
     code of ethics
disciplinary measures

3. **Interests of librarians**
   - job security: tenure, contracts, rights of reference, etc.
   - remuneration
   - working conditions
   - welfare
   - co-operation with organizations and professions with similar objectives
- collective bargaining

(Exemption from Labour Relation Act provisions is implicit in the above objectives of the Institute. It is assumed that collective bargaining normally would not have to be exercised since employment conditions would be controlled by the provisions enumerated above. When necessary, the IPLO may, however, act on behalf of librarians should they specifically request this.)
BIBLIOGRAPHY


Anonymous. The Development of Concepts in Medical Ethics — History and Philosophy of Medicine, San Francisco, University of California Medical School. lecture April 30, 1963.


Bewley, Mrs. Lois. Interviews with the Writer. 3 February 1965 and 3 March 1965.


Bradley, E. Interviews with the Writer. 9 December 1964 and 3 March 1965.


Bureau of Medical Economics of the American Medical Association. Economics and the Ethics of Medicine, Reprint from the American Medical Association Bulletin May 1936, pp. 5-69.


College of Physicians & Surgeons of B.C. Newsletter. vol. 29 (Spring 1964).


Gourlay, M. Interview with the Writer. 4 December 1964.


Hawkes, R. Interviews with the Writer. 2 December 1964 and 12 March 1965.


Landis, Benson S. Professional Codes. New York City, Bureau of Publications Teachers College, Columbia University, 1927.


Leake, Chauncey D. Percival's Medical Ethics. Baltimore, Williams and Wilkins Co. 1927.


MacRae, H. Interview with the Writer. 9 November 1964.


Maines, J. "Through the Years". The Social Worker, vol. 22, no. 2 (December 1953), pp. 3-10.

Maines, J. "Through the Years - a History of CASW." The Social Worker, vol. 27, no. 4 (October 1959), pp. 5-45.


"Codes of Ethics". 1960 (mimeographed).


Munns, V. "Should We Raise the Membership Requirements for the CASW? The Case for Full Professional Education." *The Social Worker*, vol. 29, no. 1 (January 1961), pp. 4-6.


Parks, A.E. "Royal Canadian Institute and a Century of Medicine." Proc. of the Royal Canadian Institute. vol. 7 (Session 1959-60).


Philpott, E. Letter to the Writer. 29 January 1965.

Post, A.C. An Ethical Symposium, being a series of Papers concerning Medical Ethics and Etiquette from the Liberal Standpoint. New York, Putnam and Son, 1883.


Rosebury, Theodor. "Medical Ethics and Biological Warfare." Perspectives in Biology and Medicine, vol. 6, no. 4 (Summer 1963), pp. 512-523.


Septième Congrès International D'Histoire de La Médecine. Discussions et Communications. tome. 1 & 11, Athènes - cos, 4-14 (September 1960).


Veith, Ilze. "Medical Ethics throughout the Ages." Reprint. American Medical Association Archives of Internal Medicine, vol. 100 (September 1957), pp. 504-512.


