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# A Practice-Profession Model of Ethical Reasoning

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Since our initial publication (Dean & Pollard, 2001), we have been expanding, evaluating, and refining the "demand-control (D-C) schema for interpreting work" (see http://www.urmc.rochester.edu/dwc/edu/Control_Schema.htm) as a model of interpreting practice that addresses relevant factors in interpreting work beyond language and culture alone (Dean & Pollard, in press). A new concept central to the D-C schema and its related teaching methodologies (Dean, Pollard & English, in press) is that interpreting is a "practice profession," like medicine or law enforcement, where academic preparation and skills development precede a career in human service. We view the practice professions, including interpreting, as fundamentally distinct from other professions that do not have human service as their primary focus nor require the same degree of professional judgment *involving people* that the practice professions do. Professions such as engineering and accounting may require the acquisition of complex skills but their occupational roles are more akin to technicians than practitioners. In contrast, "interpreters cannot deliver effective professional service armed only with their technical knowledge of source and target languages, Deaf culture, and a code of ethics. Like all practice professionals, they must supplement their technical knowledge and skills with input, exchange, and judgment regarding the consumers they are serving in a specific environment and in a specific communicative situation" (Dean & Pollard, in press).

Most interpreting preparation program (IPP) instructors, mentors, and working interpreters come to understand that reality of interpreting work. It is often the reason why "it depends" is a common response to requests for interpreting advice such as, "how do you sign _____" and "what would you do if_____." Knowledge of languages and cultures alone is insufficient to provide guidance regarding more complex aspects of mediating human social interactions. The ubiquitous "it depends" response to discussions of interpreting work is a reflection of the practice profession reality of interpreting. While the "it depends" method of instruction functions to a certain degree, it is cumbersome, idiosyncratic, and time-consuming. More importantly, it fails to offer generalizable rules that the student or mentee can apply to their reasoning and decision-making in future interpreting situations. It also prohibits professional and consumer dialogue (and research) on interpreting practice because it obfuscates de facto practice (Dean & Pollard, in press) in vague "for example" situations.

While the "it depends" approach to framing interpreting work is understandable in that it respects the complexities of practice profession decision-making, it can appear inconsistent with the "black and white" mentality through which many interpreters view the RID code of ethics. While many interpreters distance themselves from "this is right and that is wrong" ethical reasoning after several years of professional practice, others (including most IPP students) continue to espouse such rigid views. The result is a community of professionals who hold very different perspectives regarding what decisions are appropriate in a given situation and who often harshly judge but rarely dialogue about the reasons behinds colleague's practice decisions,

be they translation or behavioral ones. This is very different than the nature of ethical and practice dialogue in other practice professions. Why?

Other practice professionals recognize there are many possible appropriate responses to a given work situation. They are taught not only to expect variability in practice circumstances but to carefully consider the implications of all the different ways they might respond. Consider a physician's possible treatment options regarding a 70 year old man diagnosed with prostate cancer. A wide range of intervention choices, from surgical removal of the prostate to implanting radioactive material to doing nothing at all (since such cancers are slow to metastasize in most patients), all would be under consideration as potentially appropriate. Each of these choices carries risks and benefits. Further, each doctor and each patient will have their own leanings toward more or less aggressive treatment choices. The decision that ultimately is made will reflect a complex interplay of practice profession dynamics that balance the most recent research, the professional's own treatment tendencies (aggressive or conservative), and the patient's viewpoint. If the physician were to discuss the case with a medical colleague, these varied influences on the ultimate decision would readily be understood. Even if the colleague had a leaning toward aggressive or conservative treatment, the discussion would center around the *consequences* of various treatment options – it would not take on the black and white nature of ethical dialogues common among interpreters.

Let's put this type of judgment situation in a simple interpreting context. All interpreters have been faced with the job challenge, or demand, of being in a group setting and not being able to hear some of the participants (in our schema, we call this a paralinguistic demand). In D-C schema workshops, we ask the audience what a hypothetical interpreter might do when faced with this job demand. Usually, the first answer is to ask for repetition from the speaker. Further dialogue with the audience yields a wider range of control options. The interpreter could:

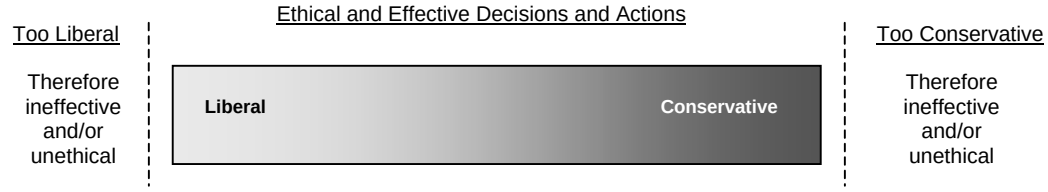
- Move to middle of the group
- Sit next to the main speaker
- Ask the deaf person what to do
- Look at the participants; read lips
- Sign the paraphrased gist of message; use closure skills
- Announce to the group that you can't hear and request all to speak louder
- Explain to the deaf person that you missed information
- Explain to deaf person why you can't hear
- Ask the person next to you what was said
- Ask the group to move to another location (quiet place)

Depending on the variables present in a given work situation, one or more of these options may or may not be optimal. For example, "asking for repetition" from the speaker is a good control option when the group is small, informal, when others seem to freely interrupt. Asking for repetition, however, might not be a good idea in an emotional therapy group when a person is visibly distraught and telling a story of a sensitive nature. Though a simple example, this highlights the types of practice-profession decisions interpreters routinely make in job assignments. Typically through trial and error, interpreters learn to analyze situations and weigh

the implications and consequences of their decisions. While the above example is a straightforward one to talk about, the sensitive realities of interpreting work often put interpreters in more ethically stressful situations. But unlike physicians, interpreters are usually are often not taught overtly how to make ethical decisions in light of practice professional realities, are not conscious of their internal decision-making processes they eventually develop, and do not view or dialogue with their colleagues, at least those who hold differing practice standards, about practice decisions in effective ways.

"In our workshops, we often ask interpreters what fundamental ethical tenet underlies medical practice, when distilled to just one statement. 'Do no harm' is the correct response that is always given. 'Do no harm' as an ethical statement manifests the relationship between ethics and the effectiveness of professional practice. Professional action (or inaction) which is harmful is fundamentally unethical. Consequently, ethical decision making in the practice professions must include consideration of the impact of the professional's decisions and actions on the consumer as well as other matters such as the concordance between the professional's decisions and actions with the principles and standards of practice in that profession." (Dean & Pollard, in press).

The figure below portrays our model of ethical reasoning, appropriate to interpreting and other practice professions. Further details regarding this model can be found in our upcoming book chapter (Dean & Pollard, in press).




All of the control options listed above for not being able to hear in a group setting would likely fall in the "ethical and effective" range of this figure, though some would be more liberal (i.e., active, creative, or assertive) and others more conservative (i.e., reserved or cautious). Conservative decisions are not more correct than liberal ones and the mid-range is not necessarily the most optimal (Dean & Pollard, in press). The ethics and effectiveness of a given professional decision are dependent on many other factors or job demands that are present. Such variability in work decisions among practice professionals is normal. As in the earlier medical example, the decision not to operate on a 70 year old male with prostate cancer (a conservative decision) and the decision to operate (a more liberal decision) both would fall along the spectrum of reasonable, ethical, and effective decisions, given various factors involved.

Of course, as the figure also conveys, there are decisions and actions which can fall outside the ethical and effective area of the spectrum. These decisions are either so liberal or so conservative that they are grossly ineffective and therefore unethical. "Professional actions on the liberal extreme are most easily recognized. These are bold, intrusive actions that deviate markedly from professional norms and which put consumers at obvious risk of harm. Less aggrandized but equally harmful are professional actions at the other extreme…those actions that fall outside the acceptable conservative boundary of ethical and effective practice. Here is where failing to act or exercise some other aspect of professional judgment leads to consumer harm

and, consequently, unethical practice. This end of the spectrum is more difficult to recognize. The impact of what someone has done (in being excessively liberal) usually is more apparent than the impact of what someone has not done (in being excessively conservative). Yet, overly timid professional decisions can be equally damaging." (Dean & Pollard, in press). Practice professions, in their daily work routine and in their professional journals, discuss where these lines should be drawn. The interpreting profession, understanding and employing a similar respectful approach to individual variation, would benefit from these same discussions

The RID's current draft revision of the code of ethics (2004) is beginning to take into consideration the many "it depends" realities of our work, for example, by outlining when relaying confidential information might be ethical and appropriate. While such broader consideration of potential practice realities is welcomed, even the revised code does not offer a readily digestible model for how to *engage in* ethical reasoning. Other practice professions hone such ethical (and practice effectiveness) judgment through years of closely supervised, in-situ learning. While we await changes in the nature of interpreter training – moving from the model of a technical profession to one more akin to other practice professions – we believe the D-C schema and its related dialogue and training approaches offers helpful, ethical guidance for the translation and behavioral decisions interpreters confront on a daily basis.

## References

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