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4 Professional ethics: navigating the challenging moments

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Introduction

Ethics is a topic that fills many with dread. This is not surprising, considering our first experience of ‘ethics’ is often a gruelling approval process that stands in the way of our undergraduate research project. As applied practitioners however, ethics is ever-present in the work we do. Our ethical compass informs every decision we make before, during and after working with a client, and an understanding of ethical issues is vital throughout our career. Our aim in this chapter is to bring ethics to life, challenge your thinking and lay the foundations for becoming an ethical practitioner. Whilst we cannot provide a comprehensive guide to every ethical situation you will find yourself in, we will equip you with foundational tools to navigate ethical situations as they arise. We will start by explaining ethics in the context of applied sport and exercise practice before discussing some key ethical principles and theories (supported by practical examples). We will then finish with guidance on becoming an ethical practitioner and some example scenarios to show how ethical principles can be applied in practice. You will soon see that ethical practice is personal, messy and uncertain. It is also, by definition, hard and uncomfortable; it requires working through an issue in which there is no ‘right’ answer, only degrees of better and worse options which require defence and justification. Whilst this chapter can provide a starting point, embedding ethical concepts in your practice will require ongoing

reflection, discussion with supervisors and colleagues and an openness to learn from your experience.

What is ethics?

Ethics is a system of moral principles that guides what we consider to be appropriate and inappropriate ways to behave. When we use the term ethics, it is often in relation to an action or behaviour. For example, saying 'it is unethical to take drugs in sport' is to say it is something that ought not to be done. That is not to say it is ineffective or impractical, as taking drugs may be an effective way of enhancing performance. It is considered unethical because it is not a legitimate way of enhancing performance. It is seen as unethical because it contravenes some, or all, of our values, principles or ideas about right and wrong.

Whilst the issue of drugs in sport may seem ethically straightforward, consider the scenario in Table 4.1 (based loosely on the real case of Scottish skier Alain Baxter). This raises questions such as: Was it right that Charlie was stripped of her medal for what seems to be a genuine mistake? Should Charlie have been more sensible in her decision to buy the decongestant? Should she be branded a cheat if she did not deliberately break the rules? Are the anti-doping rules wrong in some way if they allow innocent parties to suffer? Should the Governing Body have done more to educate and protect their athletes? You may have some answers to these questions. If so, think about how you reached your answer and what fundamental values they rest on. Now, consider the conversation in Table 4.2, where George and Drew reach different conclusions about Charlie's fate. George places emphasis on the importance of the rules whereas Drew argues that it is the intention that matters.

<COMP: Place Table 4.1 Here>

<COMP: Place Table 4.2 Here>

Being ethical in our behaviour is something that seems self-evident. We know we ought to be ethical, yet what it actually means to behave ethically is more difficult to pin down. Is it acting in a consistent way according to particular rules – if so, how do we determine what the rules should be in the first place? Is it to consider the consequences of each action and choose the one that produces the most happiness and least pain – in which case, how can we know the consequences beforehand? Or is it to be a certain type of person that knows what is needed in any given situation – but how do we become such a person?

Professional ethics

In the professional context, ethics concerns the behaviours and standards expected of either employees of an organisation or of a particular profession. These are often outlined in a written code of conduct and are developed around guiding values that the organisation and/or profession expects its members to uphold. For example, the British Psychological Society's Code of Ethics and Conduct (British Psychological Society 2021) focuses on the ethical principles of respect, competence, responsibility and integrity. For each principle, the code explains its relevance for psychologists, and how psychologists can adhere to the principle within their practice. The problem with principles, however, is that they do not provide explicit instructions, and it is the practitioner's responsibility to continually reflect on how principles should be interpreted in given situations, since what is ethically appropriate in one context (e.g., helping a client with obesity become more physically active) may be inappropriate in another (e.g., helping a client with exercise addiction become more physically active). As ethical principles are designed to protect the welfare of the public and the profession, failure to adhere to ethical principles can

have serious consequences not only for the client, but for the practitioner and for the profession/organisation as a whole.

The difficulty with ethics is that, by its nature, it is contested and subject to fierce debate.

Questions of ethics are ultimately about questions of value; what we believe to be of fundamental and *a priori* importance. This is what makes ethics so sticky and messy.

Value and ethics

Values can be seen as either subjective or objective. Those who argue it is subjective see value as a matter of personal preference, and as such, there is no scope for disagreement. This view holds that if I value playing sport over going to my grandmother's funeral, it is as inarguable as my preference for vanilla over chocolate ice cream (neither is right or wrong, just a personal preference). The contrary position is that value can be objectively determined by reference to an external authority such as God, by recourse to biological or evolutionary facts, or even by the concept of rationality in that we must be consistent with the way we hold and order our values. This seems a more plausible way of understanding value as it reflects the way we generally discuss and debate issues of value and ethics; we are rarely content to simply agree to disagree (as we might be in the case of ice cream preferences). The fact ethical issues generate such fierce and emotive discussion suggests we think there is some way of determining, if not a right answer, then a good or better answer to other alternatives. Professional codes of conduct and organisational ethical principles adopt this objective stance, with the implication that some values (e.g., respect, integrity) are more ethically appropriate than others (e.g., dishonesty, incompetence). The challenge is that it is not always clear from someone's behaviour what

value/s underpin their actions (e.g., Tables 4.1 and 4.2, where it was unclear whether Charlie was acting out of respect for the rules or being dishonest).

The 'Is-Ought' distinction

Values can be contrasted with facts. Facts are, by definition, things that are certain. You may mistakenly believe something to be a fact but if something *is* a fact, there is no room for debate.¹ Values, on the other hand, provide scope for disagreement. In ethical debate, we often jump between what *is* (facts) and what *ought to be* (values). This is highlighted in George and Drew's disagreement (Table 4.2), where George focused on Charlie's rule breaking (a fact), whereas Drew argued the rules were wrong (a value). However, even though George was stating a fact, his argument that it was right to punish Charlie was underpinned by an implicit value judgement (i.e., we *ought* to follow the rules).

This distinction is important in ethics because if we are aware of it, we can check the soundness of our arguments and critique the arguments of others. Often in our ethical debates we base our conclusions on facts, when it is the 'ought' question that should really concern us, e.g., Charlie broke the rules (what *is*), but Drew felt the rules were not appropriate because they did not take intention into account, and therefore Charlie was treated unfairly (what *ought to be*). You can see another example of this in Table 4.3. Just because something *is* the case (a rule against women playing football) does not mean it *ought to be* the case. Rules are created by people in power and reflect their values, in this case, the FA's belief that football was 'unsuitable for women' and that they may suffer 'injuries from which they may never recover'. Just because a rule exists does not make it a good rule. This demonstrates the difference between the law and ethics: the law is

about interpreting the rules and ethics is about deciding whether the rules should exist in the first place.

<COMP: Place Table 4.3 Here>

'Thick' and 'thin' concepts

Arguments based around right and wrong, or good and bad, are built upon 'thin' concepts. They lack any depth and do not give us anything to work with other than a positive or negative value (i.e., the same action could be viewed as right by one person and wrong by another). Instead, we need to consider *why* something may be right or wrong, by drawing on 'thick' concepts such as behavioural characteristics (e.g., cruel, harmful, honest, responsible), personal factors (e.g., intention, vulnerability), social constructs (e.g., rights, duties, fairness) and consequences (e.g., harm, benefits) to justify our argument. You can see this play out in Table 4.2, where George and Drew's argument was based around the 'thick' concepts of 'intention' and 'fairness' (Drew stating the punishment was unfair because Charlie did not intend to cheat, George stating it was not possible to know someone's intention, therefore, the rules must take precedence otherwise it could encourage others to cheat).

These examples show how our thoughts, values and the way we see the world will influence how we deal with ethical dilemmas. You can deepen your understanding of these concepts through your reflective practice (see Chapter 9). Either now or after your next period of practice step back and try to examine the assumptions you are making and the language you are using in your decision-making. When and where do you consider if you are using 'is' or 'ought' in your thinking? What are the 'thick' concepts that appear most in your language and thoughts? Are you

working to subjective or objective values? These are all questions you can reflect on without waiting for an ethical dilemma to confront you.

Normative ethical theories

Questions about the correct or most appropriate way of acting in given situations have been deliberated since humans have had the capacity for reflective thought. This has resulted in the generation of multiple ethical theories, mostly ‘normative’ in that they provide us with guidance in how we ought to act or what type of person we ought to be. Whilst it is beyond our scope to cover the whole range of theories, we will introduce you to three normative theories of ethical decision-making.² To illustrate the relevance of these theories for practice, we draw on two ethical dilemma examples (Table 4.4) to consider how each theory might lead the practitioner to act and what could be the potential consequences of these actions.

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Utilitarianism

Utilitarianism considers outcomes to be the most important element in determining the right action. Specifically, we ought to act in ways that bring about the most happiness and pleasure. It is most closely associated with the British philosophers, Jeremy Bentham and John Stuart Mill. Whilst utilitarianism makes intuitive sense, it runs into challenges when we try to quantify ‘happiness’ or predict the future (Table 4.4). In the first example in Table 4.4, a utilitarian may argue the right action is to share the money amongst as many children as possible. However, this assumes every child’s happiness has the same value. If happiness is viewed from a quality (rather than quantity) perspective, focusing the money on the most deprived children may be a better

utilitarian choice as it may lead to life-changing opportunities and long-term happiness for those children (whilst the more affluent children may already be happier as they are already supported in other activities). A further flaw in the utilitarian theory is highlighted in example 2 where, if happiness is all that is considered, this could lead to the (clearly immoral) action of killing the man who is homeless so the other patients can receive his blood.

A focus on maximising happiness and doing the greatest good seems intuitively right but it is clear from the examples above that blind abidance to this theoretical principle could lead to highly unethical decisions (see Table 4.8 and the section on ‘moral courage’ towards the end of the chapter for another example of this problem).

Deontology

The second example in Table 4.4 takes us to another key ethical theory: deontology. Deontology stems from the Greek meaning ‘duty’ and as such it is a theory of duty. One of the doctor’s primary duties in the Hippocratic oath (a historic ethical oath taken by new physicians) is to do no harm. This is reflected in modern-day biomedical ethics (Beauchamp & Childress, 2019) where the principle of ‘non-maleficence’ (first, do no harm) is one of four guiding principles for ethical decision-making in medicine (alongside autonomy, beneficence and justice). You may have come across non-maleficence in research ethics. From a deontological perspective, for the doctor in Table 4.4 the decision would have been quite straightforward – killing an innocent person, even for the benefit of others, is inconsistent with his duty.

Deontological ethical theories are those that are based upon rules of correct action. The question then, is how do we know what the rules should be? One solution to this question was proposed by the German philosopher, Immanuel Kant, who argued that we should follow rules that we

would want everyone else to follow: his *principle of universality*. When applied to sport, we can argue that we should not cheat on the basis that we would not want others to cheat. If we were to universalise cheating in sport, then the game would become anarchic and unplayable. Kant also advocated a *principle of humanity* in that we have a duty to treat people as ends in themselves and not merely a means to an end. This is represented in the concept of respect, i.e., being respectful is to treat something in accordance with the type of thing that it is. It is morally acceptable, for instance, to scientifically test inanimate objects until they break; it is not morally acceptable to scientifically test humans until they break.

Kant's principle of humanity underpins the ethical practice of 'voluntary informed consent' in scientific studies and was brought about following the horrific human experiments carried out by the Nazis in the second world war, where humans were treated merely as means to scientific ends (see Bazzano et al. (2021) for a history of informed consent). The scientific experiments in these studies may have been methodologically valid and reliable but they were far from ethical, primarily because they failed to treat humans as they ought to be treated. The notion of voluntary informed consent is reflected in the 'autonomy' principle in Beauchamp and Childress's (2019) biomedical ethics, which emphasises the importance of ensuring patients are given enough information (about both the benefits and risks of treatment) to make a rational decision about whether to go ahead with a particular treatment. As sport and exercise practitioners, it is our duty to ensure we clearly explain to clients (in writing or verbally) what intervention will involve and what the risks and benefits are to them through taking part. They can then make an informed decision whether to go ahead and provide (or withhold) voluntary consent accordingly.

Virtue ethics

Utilitarianism and deontology focus on what is the right action or behaviour in given situations. In contrast, virtue ethics focuses on the person. Originally associated with the Ancient Greek philosophers,³ virtue ethics considers what it is to excel in 'being human'. It stems from the premise that good people carry out good actions, therefore develop good people and they will instinctively behave in morally good ways. Taking a virtue ethics approach means we respond to ethical dilemmas by focusing on what a good person (e.g., Jesus, Dali Lama, Nelson Mandela) would do in that situation, rather than specific ideas about duty or maximising good. In reality, as the values associated with being a good human are often similar to those included in ethical principles for sport and exercise organisations (such as non-maleficence, benevolence and justice), the response to ethical dilemmas from a deontological and a virtue ethics perspective are likely to be similar although the vocabulary to express and justify decision-making differs.

'Doing' ethical practice

The normative theories covered in the previous section form the foundation for ethical decision-making. Whilst they all have their limitations, they highlight the fact that when making ethical decisions we will likely consider consequence, duty and the type of person we ought to be. As an applied sport and exercise practitioner, these ethical decisions will take place within the context of your professional roles and responsibilities. You are representing not just yourself, but a collective group of people with a shared identity. Being a professional implies claiming (professing) a skill or expertise, which naturally engenders a degree of ethical responsibility towards your clients (i.e., you are trusted to guide others into making decisions in their best interest). As such, many professions provide guidance (in the form of 'codes of conduct') to their members outlining the key ethical principles from which they should act.

Professional codes of conduct

Many codes of conduct will contain reference to the ideas and principles in Table 4.5 (these principles inevitably overlap, and the exact terms may differ in different codes of conduct). In Table 4.6 we have taken five of the most common principles and provided some contextual examples for how these might apply to sport and exercise practice. Unfortunately, one of the limitations of codes of conduct is that they can never be precise enough to cover all eventualities. Due to the diversity of work we do in applied sport and exercise, generic codes of conduct may not always be relevant, may contain ambiguities or may lack specificity in relation to your role. For example, in the UK the British Association for Sport and Exercise Sciences (BASES) Code of Conduct, places a strong emphasis on research ethics rather than professional, non-research activities, and whilst many of the issues are similar, the aims, context and power dynamics of research differ from service provision (e.g., clients are likely to pay for a professional service, whereas research participants may be paid to take part in the research). There are also times when codes create tensions and dissonance between personal ethics and professional responsibilities. Many codes, for instance, note that members must not do anything that may bring their organisation into disrepute, which could lead to a culture of cover-up and lack of protection for whistle-blowers (on the basis that the organisation may end up being publicly criticised).

<COMP: Place Table 4.5 Here>

<COMP: Place Table 4.6 Here>

One particular aspect of the BASES Code of Conduct that raises questions is Clause 10.8, which requires members to be ‘totally unbiased and objective in their practices and actions’ (BASES 2021). Whilst this is an admirable pursuit to avoid unfair treatment or discrimination, sport and

exercise provision requires a complex and dynamic interplay between two or more humans, and to remain ‘unbiased and objective’ is not only unrealistic but may lead us to make decisions that are not in the best interest of the client. The way each of us views the world is influenced by how we were raised as children, the experiences we have been through in life and the people we have encountered. Such experiences will lead us to have many (conscious and unconscious) biases that we cannot simply put aside. Instead, we can make efforts to become aware of our biases, ask ourselves how these affect our personal and professional interactions and take action to reduce any potential harmful impact from the biases we carry around (see Eberhardt, 2020, for a discussion of unconscious bias and how it affects our actions). This self-awareness and heightened attention to our own biases can be achieved through processes of reflective practice (see Chapter 9), and through the involvement of colleagues in critical decision-making (e.g., clinical supervision, peer reflection) to ensure we are considering alternative perspectives. Relevant to this discussion is the fact that putting ‘objectivity’ above individual differences may heighten inequalities (which is arguably unethical). In recent years, we have seen growing recognition of the importance of equity, diversity and inclusion (often referred to as EDI), which is recognised in Sport England’s (2021) *Uniting the Movement Strategy*, emphasising that everyone has the right to benefit from sport and physical activity, ‘regardless of age, background or ability’ (p.46). Sometimes we may think we are acting objectively by treating everyone the same, but in doing so we are causing potential harm. For example, failing to respect differences due to culture, gender, age or disability can mean certain individuals are disadvantaged in sport and exercise settings. If an exercise instructor gives everyone a 10 kg weight to work with, disregarding the range of physical capabilities in the group, this could do both psychological harm (due to feelings of shame if participants are unable to lift it) and physical harm (due to

injury if the weight is too heavy). The instructor may believe they are acting fairly by treating everyone the same, but it is actually their *inaction* (i.e., failure to adapt their class for different abilities) that raises ethical questions.

As the previous example highlights, it is not only conscious actions that lead to unethical behaviour. We might also breach our code of conduct by *not* taking action in situations where a client is at risk of harm. Table 4.7 provides an example scenario where Kate (strength and conditioning coach) does not appear to have noticed that her client (Jay)'s excessive exercising could be a cause for concern, and thus continues as usual with positive feedback and encouragement. This reinforces Jay's (maladaptive) behaviour and risks further physical and mental harm. In doing so Kate may be breaching the core ethical principles of *competence* (by not having the relevant knowledge to recognise the potential for harm or the relevant expertise to adapt Jay's programme accordingly), *integrity* (by continuing to push Jay towards potentially unachievable results, earning herself more income in the process) and *non-maleficence* (by failing to act to prevent further harm).

<COMP: Place Table 4.7 Here>

A more appropriate approach would be for Kate to explain she is concerned about the level of training Jay is doing and provide a safe psychological space for him to talk (See Chapter 6 for communication strategies that can help clients open up). Whilst exercising several times a day is not always a bad thing (e.g., if people are high-performance athletes, or are habitually active throughout their day such as commuting to and from work), the fact this is coupled with body consciousness and obsessive behaviours raises cause for concern. Behaviours such as running to avoid any fat returning, extra sets to build bigger muscles and exercising despite feeling 'wrecked' suggest potential exercise addiction/body appearance concerns that might require

referral to a mental health specialist.⁴ Kate could also help Jay develop a healthier approach to his training by explaining the importance of rest and recovery in building muscle and helping him develop a more structured/appropriate programme that includes a reduced volume of activity (plus rest days). She could explain natural differences in body composition and encourage Jay to focus on his body functionality (i.e., what his body can do) rather than his body appearance (i.e., what it looks like).

These examples demonstrate the complexities of ethical practice and the importance not only of knowing our codes of conduct, but of ongoing reflection, self-awareness and continuous professional development. Such processes are crucial in helping you recognise and decide how to act in ethical dilemmas. In order to be an ethical practitioner, however, you also need moral courage to put your decision into action.

Moral courage

You can be an excellent ethical reasoner and know your code of conduct inside out, but this has little value if you do not have the moral courage to act when you feel ethics is being compromised. Sadly, moral courage is a concept that is often neglected or overlooked when discussing ethics, but it is central to moving us from knowing what we ought to be doing to actually doing it. We define moral courage as

the courage or inner strength a person has when acting in ethical conflicts according to ethical principles and one's own values and beliefs, even at the risk of negative outcomes for the acting individual

(Pajakoski et al., 2021, p.570)

Much is written about moral courage in other professions (e.g., nursing – see Pajakoski et al., 2021) but there is a paucity of literature that tackles this issue in sport and exercise science. To consider what moral courage might mean in a sport setting, take a look at the scenario in Table 4.8. When Joe’s Head Coach asks him to manipulate the data, he is faced with a decision between doing what he knows to be ‘morally right’, and pleasing his Head Coach. Because of his Head Coach’s superiority in this situation, and his convincing argument that his course of action is actually for the benefit of others, it could be easy for Joe to fall into the trap of thinking it would be ‘morally ok’ for him to alter the data (especially as his own observations seem to back up the Head Coach’s argument). Of course, this would not be the case. If Joe falsified the data, he would be breaching the core ethical principle of *integrity*, and in doing so breaching his professional code of conduct (which could have serious implications for his career).

<COMP: Place Table 4.8 Here>

For Joe to adhere to his code of conduct in this situation would require great moral courage. He would need a self-awareness of his own values (i.e., that his professionalism requires him to abide by his code of conduct), a willingness to take responsibility (i.e., to take the risk that by refusing his Head Coach’s request he may be viewed less favourably), and the communication skills to speak up (i.e., to explain clearly and assertively to his Head Coach why it would not be appropriate for him to alter the data). Rather than something you can learn through a formal course, we believe moral courage is developed through systematically confronting, reflecting on, critiquing and then discussing the ethical decisions you make in practice. To do this you need people whom you can trust and can discuss moral dilemmas with (e.g., mentors, supervisors, peers); to think things through clearly and know that you have their support when you need to

carry out difficult actions. This ongoing process takes time and effort but is the foundation for making good judgements.

We have talked a lot in this chapter about how ethics is rarely black and white. If we were to approach Joe's scenario from different theoretical perspectives it would be possible to construct ethical arguments for him to falsify the data. For example, from a utilitarian perspective, it could benefit the rest of the team by targeting the behaviour of the one 'lazy' player, or from a deontology perspective, perhaps we feel if we were in the player's situation, we would want the Head Coach to do whatever he could to help us develop. For Joe to stay true to his values of what it is to be a professional, he would need to find the courage to speak up and resist the temptation to break the code of conduct that forms the basis of his professionalism. Joe may decide that a more ethically appropriate course of action would be to ask the coach to take a different approach, in asking the club psychologist to chat with the player about how they themselves are feeling, and to involve the player in developing strategies to increase their work rate and attitude during training.

Decision-making frameworks

The preceding sections have highlighted that, whilst codes of conduct provide us with some important guiding principles, they do not provide a handbook to action. As individual practitioners, we need to understand ethical principles, remain cognisant of our values, be prepared to make ethical decisions and have the moral courage to act on them within the context of each specific situation. An ethical decision-making framework (e.g., Figure 4.1) can be helpful in navigating this process, particularly during your early career. You can try this out for yourself by revisiting the scenarios in Tables 4.7 and 4.8 and answering the questions as though

you were the practitioner in that situation. By working through hypothetical examples such as this you can ‘practice’ ethical decision-making without the pressure of having to personally implement your decision. This can aid in developing better reflection, although you should be aware that the decisions you reach in the safety of imagined scenarios will be free of the emotional stress of making decisions for real. Thus, when faced with real-life ethical scenarios, it is important to draw on supervision (and peer reflection where appropriate) for support in your decision-making.

<COMP: Place Figure 4.1 Here>

Conclusion

In this chapter, we have attempted to bring ethical theory to life within the context of applied sport and exercise delivery. We have introduced you to some key constructs, which we hope you will be able to take away and put into practice in your journey to become an ethical practitioner. Hopefully you now have a better understanding of key ideas such as ‘is/ought’ distinctions and an appreciation of differences in normative ethical theories. You should also be able to constructively critique and interpret codes of conduct that might govern your professional practice and appreciate the importance of moral courage in being an ethical practitioner. Being an ethical practitioner is a highly personal and never-ending journey. Ultimately, the critical question is ‘how can I treat the client in front of me with humanity and respect?’ ‘How can I practice in a way that avoids harm, does good and ensures the client is respected and is actively involved in decision-making?’ No one can tell you exactly what the ‘correct’ ethical decision is in any given situation. There is no definitive list of ethical dilemmas for which you can learn ‘textbook’ ethically sound responses. For each dilemma you face you have to come to

an understanding of it yourself (with the support of supervisors, mentors, and peers) so you can act authentically in relation to your own values and beliefs for the good of your client. To do this well requires a commitment to continual awareness of, and reflection on, the ethics in your practice.

Figure 4.1 Borrie–Ryall–Miles (BRM) ethical decision framework

Table 4.1 Doping scenario discussion

Charlie has just won a bronze medal in her first Olympic Games. What makes this more special is that it is the first time her nation has won a medal in that sport. She is celebrated on the front pages of her national newspapers and politicians and celebrities alike are lining up to publicly congratulate her.

However, two days later, Charlie is told that she has failed a drug test. She proclaims she has no idea how this was possible and is distraught. The press turns against her and she receives abuse and death threats on social media.

In the subsequent investigation by her Governing Body it emerges that the day before the competition, Charlie went to the local pharmacy to pick up a branded nasal decongestant which she knew was safe to use and contained no banned ingredients. Yet, this nasal decongestant was not **exactly** the same as the one that Charlie had previously used; as it was manufactured in a different country it contained slightly different ingredients, including one on the banned substance list.

Despite Charlie’s mistaken assumption, the strict liability clause of the World Anti-Doping Code states that an athlete is guilty of a doping offence if a banned substance is present in their sample, whether or not they are aware of how it got there. As such, Charlie was stripped of her medal and would be forever branded a cheat.

Table 4.2 Discussion of doping ethics

GEORGE: Yes, it was right that Charlie was stripped of her medal because she tested positive for a banned substance and the rule clearly states that the penalty of testing positive is elimination from competition.

DREW: But it was a genuine mistake!

GEORGE: That may be the case, but the rules are the rules.

DREW: I think the rule is wrong. It should allow for mistakes. It isn't as if Charlie deliberately broke it. In fact, you could argue that she went out of her way to ensure she bought a product that she knew was safe. I think it's unfair.

GEORGE: Ah but that's what she's saying. How do you know that she's telling the truth? That's exactly why they have this rule in the first place, otherwise every doping athlete would feign innocence.

DREW: You're being unreasonable. She clearly wasn't trying to cheat the system. And now she's facing death threats on social media. This is going to ruin her life, all for the sake of an innocent mistake.

Table 4.3 FA prohibition on women's soccer

On the 5th December 1921, the FA issued a statement requesting all member clubs of the association prohibit women from playing football on their grounds. This rule effectively eradicated women's football, a popular game at the time, in a single blow.

Imagine the following conversation taking place on the 6th December 1921:

GROUNDSMAN: I'm sorry ladies, you're not allowed to play here. It's the rule.

LILY: But we could play here yesterday. What's changed?

GROUNDSMAN: The rules have changed. You are no longer allowed to play. It's as clear as that.

LILY: But that rule is unfair.

GROUNDSMAN: That's not my problem. A rule is a rule.

Table 4.4 Ethical dilemmas

Example 1. Distributing funding fairly...

Jo is the head of a sports charity who has to decide how to spend their limited budget next year. One option is to spread the money around so that lots of children can benefit from the charity. This would make a lot of children, and many parents happy, and seems like a good option. Or she could focus the money on the most deprived children who do not have easy access to sports facilities and who have parents who are unable to be as supportive.

Example 2. Medical choices ...

A doctor has three patients desperately in need of a blood transfusion who will otherwise die. Outside the hospital is a man who is homeless with no family or friends and poor mental health. The man happens to be a perfect blood match for the patients. If the man were to donate his blood, this could help save the three patients. However for there to be enough blood to benefit the patients the man would need to die himself.

Table 4.5 Common ethical concepts in codes of conduct

Competence	To be able to correctly assess your ability to carry out the requirements of your role and to recognise the limits of your qualifications, experience and expertise.
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Informed consent	To ensure that your client fully understands the service being offered, or research being conducted, and willingly agrees to participate in it without coercion or deceit.
Confidentiality	To ensure that any personal or sensitive information you acquire in your role is kept securely and is not divulged to others without the individual's prior consent.
Integrity	To ensure that all actions bring credit to your profession and to not act in ways that may bring it into disrepute; to not exploit relationships for personal gain; to deliver with honesty and authenticity
Non-maleficence	To avoid doing harm to others; to prioritise the safety and wellbeing of your clients and others, including yourself; to ensure adequate indemnity insurance is in place.
Beneficence	To ensure you care about, and act to promote others' wellbeing and respect individuals as persons in their own right
Autonomy	Seek to promote others' independence and freedom
Fidelity	To deliver what you have said you are going to deliver
Justice	To ensure actions are proportionate and fair

Transparency	To be honest and open in communicating decisions to others; avoid deception
Boundaries	To minimise and declare conflicts of interest when carrying out multiple roles

Table 4.6 Contextual considerations in ethics

Ethical Concept	Example Considerations for Sport and Exercise
Competence	When deciding whether you are competent to work with a client, consideration needs to be given to your personal training, skills and experience, and to where your professional boundaries lie (i.e., at what point you need to explain to a client you are not qualified to provide the support they are looking for, and refer to another professional if appropriate). Your clients may not distinguish between career stages, between exercise/sport or between disciplines (e.g., psychology, physiology, nutrition), therefore it is your responsibility to help clients understand your professional remit and to work within your boundaries. Focus on your competencies rather than your title, for example, one sport and exercise psychologist may be trained in performance enhancement, another may be trained in health behaviour change and weight management. The fact they both have the same title does not automatically mean they are competent to work in each others' settings (unless they undergo further training and development). Supervision, reflective practice, openness to ongoing training and building a multidisciplinary team around you are

	important for ensuring you recognise the boundaries of your competence and adhere to the competence principle in practice.
Informed consent	Whatever setting you work in, it is your responsibility as a practitioner to ensure you have the appropriate consent procedures in place. In some practice contexts (e.g., healthcare, leisure services, professional sport clubs, NGBs), formal informed consent procedures will already be established, but in others (e.g., independent practice) you will need to instigate this yourself. As a minimum you need to ensure clients fully understand what they are getting involved in, plus any potential benefits and risks, and are then freely able to decide whether or not to take part. Written consent is optimal, although this may not always be viable (in which case verbal consent should be obtained). It is important to see consent as a fluid and ongoing process rather than a one-off when you first meet a client. For example, even though you have obtained written consent at the start, it is good practice to continue checking the client understanding verbally and to seek consent again if any new procedures are introduced.
Confidentiality	Ethical issues around confidentiality can arise from the behaviour of both individuals and organisations. In recreational sport and exercise contexts, practitioners may find the parameters around client confidentiality are far looser (often too loose) when compared to

	<p>working in a healthcare, professional club or university setting. For example, voluntary organisations might be freely e-mailing client personal details within and outside the organisation or not keeping names confidential in conversations. Similarly, professional sport settings may not see the need to maintain confidentiality within the organisation. They may have a sense of ‘ownership’ of the athletes they employ so personal information is shared with little regard for the individual concerned. Regardless of the organisational practices in place, you need to ensure your personal behaviour meets the needs of your professional code of conduct as well as meeting your country’s data protection regulations. The biggest challenge is in speaking up to prompt individual or organisational change (see the section below on moral courage).</p>
<p>Integrity</p>	<p>It is important to practice with honesty and authenticity and to put your client’s safety and wellbeing over and above your personal gain. For example, being clear about where your boundaries lie with clients (e.g., whether it is appropriate to go out socialising with athletes you work with), and ensuring the way you market your services is transparent, informative and puts the client’s needs first. Unfortunately, in the exercise field, there is some questionable ethical practice that targets vulnerable people (e.g., making unrealistic promises, such as offering 12-week quick fixes to change people’s</p>

	<p>lives). Similarly in sport, if you put testimonials on your website from well-known sportspeople, this raises ethical questions regarding personal gain vs the client's best interests (Lacroix et al., 2017).</p>
Non-maleficence	<p>Potential for both physical and mental harm to clients' needs to be considered.</p> <p>Physical safety considerations might include ensuring:</p> <ul style="list-style-type: none"> • Individual risk factors are assessed prior to the provision of an exercise programme (usually via a Physical Activity Readiness Questionnaire (PAR-Q)) and activities are tailored to participant needs. • Athletes have the knowledge and skills they need to perform specific training exercises • Risk assessments are complete and defibrillators on site. • Practitioners only give advice they are qualified to provide. <p>Mental safety considerations might include ensuring:</p> <ul style="list-style-type: none"> • Sessions are delivered in a way that is not harmful for mental wellbeing. • Practitioners are aware of and able to identify risk factors for mental health problems, and know how to talk about mental health and signpost on if appropriate.

Table 4.7 Exercise-related hypothetical ethical dilemma

Kate is a strength and conditioning coach and has been working for two months with a 21-year-old male client, Jay, who is keen to get ‘ripped’ like his mates.

Jay started working with Kate because he wanted to get rid of the fat around his middle. He didn’t do any exercise or sport and hated getting his top off in summer because all his friends have six-packs and he feels so disgusting and flabby.

Since working with Kate he has become fitter and gained some muscle. He is pleased the exercise is helping but has become quite obsessive about his appearance. He tells Kate people are starting to comment on how ripped he’s looking (which he likes), but he still thinks he has a flabby belly so wants to keep pushing himself to get a better six-pack and bigger arms. He tells Kate that he’s been doing extra sets of his strength and conditioning exercises and often runs twice a day as he is scared of any fat creeping back on. Sometimes he says his body feels ‘wrecked’ but he makes himself go anyway.

Kate reassures him he is doing well and if he keeps working hard he’ll have a six pack in no time. He says thanks, this has motivated him to keep going, and they arrange to meet again the following week.

Table 4.8 Sport-related hypothetical ethical dilemma

Joe has recently been employed on a one season fixed-term contract as a sport scientist by a semi-professional rugby club. Joe’s role includes running fitness assessments and monitoring player movement, work-rate and pitch positioning during matches.

After a month in the post the Head Coach approaches Joe and asks him to modify one of the player’s movement data from the most recent match. The coach wants the data to show less movement at speed and to look less favourable in relation to other players in the squad. The coach says the player needs ‘a kick up the arse, they’re lazy and its affecting other players’.

The coach senses Joe's unease at being asked to manipulate the data and says
look I know it's not perfect but I have to lie to them all the time. I have to manage egos,
motivate them when they are playing badly, pick my moment for giving negative feedback ...
this is the same, just doing it with numbers that's all.

Joe's observation of the squad tends to support this assessment of the player, so he can see the
coach's viewpoint to some extent. Undoubtedly the player has real ability and is clearly an
influential person in the group. However, their attitude in training, both on pitch and in the
gym, seems to lack the 'edge' of other players and is having an effect on younger players. Joe
wonders if the player is acting responsibly in relation to the other players or the club.

Certainly, the player seems very aware of their status in the squad and may work harder to
retain that status if data suggested they weren't working as hard as other players.

However, Joe is very aware of his professional code of conduct which indicates he must
always be honest with his clients.

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¹ This assertion in itself raises philosophical debate about the nature of knowledge and reality but we will put that aside for the purposes of this chapter.

² We recognise that for many people religious belief systems will also act as 'codes of conduct' and heavily influence their ethical thinking. Such belief systems could be linked to a variety of concepts in this chapter such as deontology or virtue ethics. Our position is that, whilst recognising religious beliefs are profoundly important to individuals, they should be open to critique and justification in the same way as other ethical theories and position.

³ Socrates, Plato and Aristotle – virtue stems from the Greek meaning 'excellence'.

⁴ Readers are referred to Mind (2022) for some free resources to guide sport and exercise practitioners in recognising and supporting clients who develop unhealthy relationships with physical activity.