

# The Limitations of Common Morality as a Guide for Social Work Practice

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## Abstract

In the last two decades, several social work scholars have advocated for a version of Bernard Gert's "common morality" model as a means for moral problem-solving and ethical decision-making in social work practice. Advocates view this model as an improvement over the currently dominant National Association of Social Workers (NASW) code of ethics or appeals to frameworks informed by "grand" moral theories, such as deontology and consequentialism. While novel approaches to social work ethics are much needed, common morality suffers from many of the same limitations it readily identifies with the ethical codes of professional organizations. In this comment, it is argued that common morality

and its underlying two-step adjudication procedure are consequentialist in nature and overly restrictive in practice. Some preliminary thoughts are then made about alternative paths forward for research and scholarship on social work ethics.

**Keywords:**

social work ethics, common morality, consequentialism, National Association of Social Workers, esoteric morality

“[E]thics is not an ideal system that is noble in theory but no good in practice. The reverse of this is closer to the truth: an ethical judgment that is no good in practice must suffer from a theoretical defect as well, for the whole point of ethical judgments is to guide practice.”  
(Singer, 1993, p. 2)

Ethical dilemmas in social work practice are common and manifest. Practitioners in fields such as behavioral health, child welfare, and criminal justice, among others, are routinely faced with a variety of competing—if not incommensurate—interests, values, and incentives (Gambrill, 2009; Gambrill & Pruger, 1997). While social workers have a responsibility to uphold the best interests of their client, these responsibilities frequently come into conflict with duties to their employers, the local community, and broader societal forces (Reid, 1992). For example, social workers are routinely confronted with decisions about whether and when to involuntarily commit and treat those labeled as mentally ill (e.g., Dunleavy & Murphy, 2019; Molodynski et al., 2010; Taylor, 2005; see Cohen, 1982 and McCubbin et al. 2002 for particularly insightful discussions on psychiatric social work), whether to facilitate the removal of a child from a dysfunctional home (e.g., Houston et al., 2010; Melton & Davidson, 1987; Pelton, 2016), and how to work with clients who may be pressured or forced into substance abuse treatment—for example, when such treatment is mandated by the criminal justice system (e.g., Burman, 2004; Chandler, 2014; Klag et al., 2005; Parhar et al., 2008). Gomory and Dunleavy (2018) provide a general overview of the ethical and empirical justifications for and against the use of coercion in these and other domains. How well the profession is able to successfully navigate these dilemmas is an indication of its ethical maturity.

Necessarily, a variety of tools, perspectives, and approaches have been devel-

oped to teach ethics and ethical decision-making in social work (e.g., Clark, 2016; Congress, 2000; Congress et al., 2009; Gray & Gibbons, 2007; Pullen-Sansfacon, 2010; Reamer, 1999, 2014; Reamer & Abramson, 1982). In the U.S., the National Association of Social Workers' (NASW) Code of Ethics (2021) has been the most visible resource for education and guidance (for critical discussion see Murphy & Kopel, 1997, Banks, 2008, and Sanders & Hoffman, 2010). The widespread adoption of this and other professional codes helps to ensure professional standards across the field and aids in the orientation and indoctrination of students to disciplinary values and principles.

## Limitations of the NASW Code of Ethics

The NASW Code of Ethics (henceforth “Code”) describes various ethical principles, values, and responsibilities to which social workers are expected to adhere. Ethics violations, stemming from professional and legal complaints (see generally Strom-Gottfried, 2000), can result in punitive measures. Despite its admirable purpose(s), the Code—along with its counterparts across the helping professions (see Bryan et al., 2016, especially Chapter 1)—suffers from inadequacies at both an applied and meta-ethical level. For example, the Code states

“Ethical decision making is a process. In situations when conflicting obligations arise, social workers may be faced with complex ethical dilemmas that have no simple answers. Social workers *should take into consideration all the values, principles, and standards* in this Code that are relevant to any situation in which ethical judgment is warranted. Social workers' decisions and actions should be consistent with the spirit as well as the letter of this Code.” (NASW, 2021; emphasis added)

Yet, one also finds that,

“[T]he NASW Code of Ethics *does not specify* which values, principles, and standards are most important and ought to outweigh others in instances when they conflict. Ethical decision making in a given situation must apply the informed judgment of the individual social worker and should also consider how the issues would be judged in a peer review process where the ethical standards of the profession would be applied.” (NASW, 2021; emphasis added)

The Code, by itself, offers no formal guidance on how to take into consideration

all relevant values, principles, and standards before making a decision, how these different components should be weighed against one another—despite indicating that in certain situations some components may take precedence over others—nor does it describe how to adjudicate between differing (but perhaps equally valid, or at least justifiable) courses of action. This makes the imperative for social workers to act in a manner that is “...consistent with the spirit as well as the letter of this Code” (NASW, 2021) untenable.

At the meta-ethical level, the Code is found to contain conflicting moral theories. As described above, social workers are often saddled by the Code with explicit obligations to both the individual client and society. This is represented by principles related to autonomy and respect for the individual, and those related to service to the community and toward greater social justice. Section 1.01 (“Commitment to Clients”), states that,

“Social workers’ primary responsibility is to promote the well-being of clients. In general, clients’ interests are primary. However, social workers’ responsibility to the larger society or specific legal obligations may, on limited occasions, supersede the loyalty owed clients, and clients should be so advised.” (NASW, 2021)

Here we see duties to promote both clients’ and society’s interests. These obligations lead to implicit and explicit tensions, as it tries to accommodate both deontological and utilitarian commitments. Social workers have a responsibility to promote the interests of their client (ethical duties in deontology) and act in a manner which maintains and promotes the good of society (a version of utilitarianism). But how to resolve instances in which these obligations conflict is not made clear, other than to simply say that social workers should “...consider how the issues would be judged in a peer review process where the ethical standards of the profession would be applied” (NASW, 2021).

The above serves to show that, whatever its merits (e.g., socializing new practitioners to common professional values and principles), the Code may not be the most fruitful model to guide social work education and practice. Indeed, many of these points have been aptly anticipated by Freud and Krug (2002), among others. Given its widespread adoption in the U.S., it is not surprising that sometimes social workers behave in ways that lead to harm—even when unintended. Other social workers have pointed toward the “Global Social Work Statement of Ethical Principles” put forth by the *International Federation of Social Workers* (2018), al-

though this too faces many of the same shortcomings as the NASW Code (see for example Principle 9.7 on p. 8).

## The Common Morality Model

The “common morality” model has recently been advocated by social work scholars (Bryan et al., 2016; Kaplan & Bryan, 2009; Reid et al., 2010) as an improvement over contemporary “principlist” approaches—including the NASW Code of Ethics (2021; see broadly McCarthy, 2003). The model was developed, in part, by bioethicist Bernard Gert (2004, 2005; Gert et al., 2006) and advocated for social work practice by Bryan (2006) and colleagues (Bryan et al., 2016). The model consists of ten “common moral rules” to guide ethical behavior. Instead of outlining what an ethical social worker *should do*, the model delineates what one ought not to do (Bryan, 2006, p. 3). This starting point positions social workers to consider the possible harms of their actions; in contrast with “positive” goals (e.g. “help people in need”, “address social problems”, “challenge social injustice” as found in the NASW Code of Ethics; 2021). These ten moral rules (see below) can be viewed as constraints upon personal conduct; the first five *proscribing* behaviors that will cause harms that “rational people want to avoid” (Bryan et al., 2016, p. 39) and the second five *prescribing* behaviors that, if not performed, are more likely to lead to the harms rational people wish to avoid.

The ten moral rules (Gert, 2004, p. 21) are:

1. Do not kill
2. Do not cause pain
3. Do not disable
4. Do not deprive of freedom
5. Do not deprive of pleasure
6. Do not deceive
7. Keep your promises
8. Do not cheat
9. Obey the law
10. Do your duty

These rules, according to Gert (2004), are not absolute and can be violated under certain circumstances. Bryan et al. (2016) describe Gert’s two-step procedure for

navigating ethical dilemmas and illustrate—using examples from social work practice—when and how one or more of the ten rules may be violated.

The two-step adjudication procedure is (roughly) as follows: The social worker should, Step 1: “Identify the morally relevant features of the case” (p. 41). This involves identifying what rule—or rules—is potentially violated, and considering what the benefits and consequences are for violating the rule, including the desires, beliefs and values of the client. In Step 2, the social worker should: “Estimate the consequences of *everyone knowing* that the violation is impartially and publicly allowed or not allowed” (p. 45, emphasis added). The second step, in which the social worker estimates the consequences of their (prospective) rule-breaking can be restated as follows: A rule violation may be allowed, if it would still be allowed, “...if everyone knew that these rules could be violated in these [particular] circumstances” (Bryan, 2006, p. 14). Posed as a question, the social worker may ask themselves, “Would more harm result from *everyone knowing* (i.e., the public) that a particular action is allowed in this particular circumstance?”. Together, these two steps provide a justification for decisions that violate one of the ten rules (i.e., thus making “rule-breaking” ethically permissible).

The current paper extends preliminary arguments set out in Dunleavy (2016; see also Gomory & Dunleavy, 2018). Moreover, it can be seen as a response to Bryan et al.’s (2016) published invitation to provide critical feedback on the common morality model (p. 152). I argue that one of the core features of their model, the two-step adjudication procedure, is inconsistent with its goal of transcending standard deontological and utilitarian tensions (Gert et al., 2006, p. viii). Specifically, I argue that the procedure is a form rule-consequentialism—a feature its proponents deride in their criticisms of other ethical frameworks (see Sinnott-Armstrong, 2003, p. 145). Still further, I argue that the publicity requirement undergirding the two-step adjudication procedure is too restrictive for social work practice. Some acts that might not be publicly allowable in aggregate may still be permissible at the individual level. Further, some acts may be ethically sound, even if they were to be disapproved of publicly. I consider some possible responses to my argument and discuss some alternative paths forward for research and scholarship on social work ethics.

## A Case Example

Consider the following ethical dilemma which is inspired by Bryan (2006, pp. 12-15). Kelly is a foster care social worker. She is the primary case manager for an 18-month-old boy, Brendan, who is in the foster care system after the untimely passing of his parents in a car crash. Brendan has a serious underlying health condition—one that if treated promptly will result in minimal harm. If the condition is left untreated, it will develop into a lifelong, debilitating condition.

After repeated failed attempts at finding Brendan a permanent home, Kelly receives a promising application from the Smith family. This coincides with some decline in Brendan's health. Feeling pressured, Kelly grapples with an ethical dilemma: If she withholds information about Brendan's medical condition, she will increase his chances for adoption and therefore increase the likelihood that his condition is promptly and competently treated.

For the sake of the hypothetical, we will assume that (1) the Smiths will not adopt Brendan if they know he has a medical condition, (2) if they do adopt him, their health insurance plan will provide exceptional coverage for his treatment and care—care that he would not have otherwise received as a ward of the state (e.g., due to inadequate community-based medical care), and (3) The family will experience no other tangible harms—other than the slight inconvenience of supporting his medical care.

Kelly's decision, however, risks eroding trust (if discovered) in both the child welfare and adoption systems; alongside potential emotional harm and deceit experienced by the Smiths. Being fully transparent about his medical history risks sabotaging the adoption process, leaving Brendan without a family and his condition untreated and worsening.

The Code, arguably, does not help Kelly resolve the dilemma. On the one hand, a decision to withhold important medical information increases the well-being of the client, Brendan. But this conflicts with her obligations to the community and society more broadly. Such deceit would certainly be disapproved of and punished (e.g., a complaint to the state licensing board). Nevertheless, as a guide for behavior, the Code itself does not resolve the ethical tension inherent in the situation, nor does it tell Kelly what she should do.

In the common morality model, such deceit would, arguably, not be a permissible rule violation because if the behavior were publicly allowed (e.g., being done by social workers throughout the child welfare system), then much more

harm could follow—there is potential for harm to numerous prospective adoptive parents and overall loss of trust in the child welfare and adoptions systems.

## Consequentialism in the Two-Step Adjudication Procedure

Consequentialism is a class of ethical theory related to, but distinct from, utilitarianism. Ethicist Brad Hooker (1994) describes one form of consequentialism, “rule-consequentialism”, as follows:

“Rule-consequentialism is the view that an act is morally permissible if and only if it is allowed by a code of rules whose general acceptance would (or could reasonably be expected to) produce the best consequences, judged impartially...” (p. 92)

From the case example above, and earlier description of the two-step adjudication procedure, we can see that common morality features that resemble rule-consequentialism—contra Gert and his followers (e.g., Bryan, 2006; Bryan et al., 2016), who strongly admonish such features; for example when present in the NASW Code of Ethics. When weighing whether or not to withhold Brendan’s medical history, several rules are potentially violated (at least Rule #6, “Do not deceive”, but also potentially several or all of Rules #7-10). The harms of breaking these rules, according to the common morality model, *outweighs* any supposed benefits delivered to the child in a hypothetical system in which violating those rules in that circumstance is permissible. Bryan (2006) appears to acknowledge this when she states:

“This analysis requires the practitioner to consider if the long-term consequences do more harm than not violating rules *in particular situations*.” (p. 14, emphasis added).

and

“Not only are the harms immediately experienced by the individuals in this case much greater if they are deceived than if they are not, but also, deceit *in cases like these* promotes great harm to the public, to children needing adoption, and to the legitimacy and reputation of the social work profession.” (pp. 14-15, emphasis added)

Here we see a weighing of total harms against any purported benefits, for each potential rule violation, if it were to be done generally. In other words, a judg-



ment about the rightness of a rule in terms of its total consequences (see Hooker, 2012).

That the two-step adjudication procedure has consequentialist elements is not a novel point—having been pointed out two decades ago by Sinnott-Armstrong (2003, esp. pp. 145-147) and Keulartz (2005); prior to its promotion in social work scholarship. In fact, Gert himself (2003, p. 297), though somewhat reluctantly, acknowledges this when responding to Sinnott-Armstrong's (2003) critique.

## Limitations of the Common Morality Model

### Common Morality is Too Restrictive to Guide Social Work Practice

These issues notwithstanding, the common morality model is (arguably) too restrictive to guide individual social work practice. I offer two reasons for this judgment. First, the publicity requirement (i.e., the public knowability and acceptance of rule violations) forces the social worker to consider and emphasize behaviors, principles, and rules *a society* should promote. But as a guide for practice, social workers are largely confronted with decisions about how they should act in a given situation (for more on this distinction see de Lazari-Radek & Singer, 2013, pp 426-437 and Sidgwick, 1874/1907, especially Chapter 1). This procedure forces a shift in the social worker's attention away the situation at hand and obscures differences that may exist between the singular and the aggregate—the act versus the rule. Second, in some instances, the common morality model and publicity requirement preclude taking individual actions which, on the whole, promote the most benefit, but would otherwise be publicly disallowed. This creates a tension within the model if we are to take seriously its consequentialist features.

### Asymmetrical Harms Constrict a Social Worker's Options

Under the common morality model, a social worker's actions can be constricted in instances where there is an asymmetry between the harms produced when an action is performed at the individual versus group level. That is, an act is not necessarily wrong at the individual level, even if it would be harmful (or even disastrous) if performed widely. Borrowing (and modifying) an example from Sinnott-Armstrong (2005), consider the case of an owner of a "gas-guzzling" utility vehicle (p. 296).

The vehicle's owner enjoys taking daily drives across the open highway. They drive safely, and for the sake of the example, they do not risk harm to bystanders, other drivers, or animals. Day after day the owner drives, releasing greenhouse gases (e.g., carbon dioxide, nitrous oxide) into the atmosphere. Taking as uncontroversial that vehicle emissions release dangerous greenhouse gases, that greenhouse gases contribute to climate change, and that climate change leads to harmful and sometimes irreversible damage, it is clear to see how the act is harmful in the aggregate. If everyone, collectively, spent day after day taking leisurely drives across the open highway (otherwise posing no other risk to humans or animals), the constant and exponential increase in vehicle emissions would cause obvious ecological and societal harms. But just because such harms occur when an action is practiced widely does not therefore mean that it should be prohibited at the individual level, if such harms are indirect or otherwise negligible. This can be extended to the common morality model.

Taking for granted that the ten moral rules described by Bryan et al. (2016) should guide social work practice, their violation in the single case need not be prohibited if harms produced are sufficiently small compared to the harms produced if practiced widely. In other words, a social worker could be justified in violating a rule in cases where minor or negligible harm occurs at the individual level, given good reasons for doing so, even if widespread harm occurs in the aggregate. In the case of Kelly and Brendan, keeping all caveats in mind, there is minimal harm to be found at the individual level—and potential widespread erosion in trust in the child welfare and adoptive systems if performed widely. Taking common morality seriously means that the social worker's options for intervening may be seriously restricted by an overemphasis on the consequences for the broader society.

### **Consequentialism in Common Morality Implies Esoteric Morality**

The second reason rests in part on the claim made above that common morality has consequentialist features. If this is indeed the case, then it leads to some paradoxical conclusions for a social work ethics rooted in common morality. Note that, while the following point may be controversial, it need not be fully endorsed by either the author or reader to serve as a valid critique of common morality.

The philosopher and economist Henry Sidgwick notes that there may be some circumstances in which the morally correct thing to do is not that which one

would promote for publicly. In his essential text *The Methods of Ethics* (1874/1907), he argues that:

“[I]t may be right to do and privately recommend, under certain circumstances, what it would not be right to advocate openly; it may be right to teach openly to one set of persons what it would be wrong to teach to others; it may be conceivably right to do, if it can be done with comparative secrecy, what it would be wrong to do in the face of the world; and even, if perfect secrecy can be reasonably expected, what it would be wrong to recommend by private advice or example.” (p. 489)

Put differently, there may be times when the right thing is that which may not be promoted generally. This “esoteric morality” is defended and expounded upon by de Lazari-Radek and Singer (2010, 2013). In the context of social work this raises the possibility that there are instances in which the ethically moral action (from a consequentialist point of view) is not one that a social worker would endorse or otherwise promote publicly, but that should nevertheless be privately (and secretly) performed.

Let’s return to the case of Brendan and Kelly to make this more concrete. What should Kelly, as the social worker, do about Brendan’s prospective adoption? On consequentialist grounds, it would seem that the action which would promote the most good (i.e., achieves the greatest benefit) is withholding Brendan’s medical information from the potential adopters. While offensive to our own moral and professional sensibilities, under the esoteric morality model, it may indeed be the morally permissible—and all around best—thing to do; even if it is something that we would otherwise condemn or shun if made public.

Whether or not this esoteric morality should be a part of any ethical theory social work adopts is up for debate, but any theory of social work which has consequentialist features (e.g., COE, CM) will need to respond to the force of arguments in its defense.

### **Paths Forward for Social Work Ethics**

The criticisms and discussion above bring into question whether the common morality model is a suitable alternative to the Code and whether it serves as a fruitful model for ethical decision-making in social work practice. While I happily acknowledge that the model offers a more mature form of ethical reasoning than the Code, I suggest that it suffers from many of the same limitations it readily identifies with its competitors (i.e., its consequentialist features) and its restrict-

iveness in practice. With that said, I do not claim to have a ready substitute for either the Code or common morality model. But I do have some preliminary thoughts about how social work ethics might be pushed forward.

Seemingly there is no definitive way to fully resolve entrenched disputes between defenders of grand ethical theories (e.g., deontology vs. consequentialism), although continued refinement of these positions and underlying arguments may in fact be worthwhile. Meanwhile, more immediate progress may be achieved by focusing on single cases, which do not necessarily rely on incontrovertible principles or absolute rules. While we should still make efforts to improve the current dominant framework (in the U.S., the NASW Code of Ethics), the profession should consider investigating the prevalence, source(s), and variability of judgments and intuitions of social work practitioners and scholars when considering these cases. This could help the field better examine and understand ethical disagreements and tensions in real-world scenarios. A budding field of experimental philosophy (also known as x-phi; see section 4.1 in Pust, 2017 and section 2.3 in Knobe & Nichols, 2017 for an overview) offers something of a model in this direction—demonstrating how judgments vacillate as context and details are carefully changed.

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