Setting Impossible Standards: The model of ethical decision-making associated with the New Zealand Psychologists' Code of Ethics

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Ethical decisions are usually made with incomplete information, insufficient resources, and limited time. While some ethical decisions are about unusual and high-risk situations and draw on considerable resources, the majority are largely routine and these are often made with little or no explicit deliberation. The model of ethical decision-making offered with the recently published New Zealand Psychologists' Code of Ethics is like many other such models in that it demands cognitively explicit, linear, rational decision-making. This paper brings together literature from various sources to challenge this as the only view of how ethical decisions are made or how they should be made, and offers a range of solutions based on current psychological knowledge of how decisions, including ethical decisions, can be effectively made using both rational and non-rational explanations.

Decision-making in general has been a subject of research in psychology for many years and it has been found to be a complex process. Ethical decision-making has been less researched but, when it has been, it has been found to be highly complex and influenced by a range of internal factors, such as emotion and mood, and personal values, and it is also influenced by external factors such as interpersonal factors in the work place, organisational structure, and the ethical standards demonstrated by the employing company (Hollander, 1995; Singer, 1997; Singer, 1999; Trevino, 1986; Williams 2002). Many models of ethical decision-making have the goal of assured, optimal decisions but the reality is that such decisions are usually marked by complexity and uncertainty.

Historically ethical decision-making has been taught as a logical, linear and cognitively explicit process, typically based on methods from moral philosophy and classical decision theory. In the event of formal complaints or legal action, this same construct of the process of decision-making is used as the test to adjudicate on the quality of a practitioner's ethical behaviour. In such legalistic processes it is presumed that the practitioner had an explicit intent of which they were aware and which they had deliberated on for each action they have taken. A practitioner who cannot give an apparently deliberated and apparently *a priori* logical explanation will have trouble defending their actions.

In what is a significant work on decision-making, Janis and Mann (1977 cited in Lipshitz, 2000, p757), prescribed the following as an outline of the ideal decision-making process:

1. Thoroughly canvass a wide range of courses of action;

2. Survey a full range of objectives and values;

3. Carefully weigh all known positive and negative consequences;

4. Search for new information intensively;

5. Re-examine all alternatives and considerations before making the decision;

6. Make detailed implementation plans, and prepare for potential contingencies.

This style of thinking has been put forward for ethical decision-making by health professionals in a diverse range of literature, typical examples of which are shown in Table 1.

Either implied, or explicitly stated, in these models is the goal of an optimal or 'best' decision being made. Simon (1991) illustrated the possible negative consequences of seeking the optimum when he wrote that "searching for the best can only dissipate scarce cognitive resources; the best is the enemy of the good" (p361).

Beach and Lipshitz (1993) describe the historical origins of classical decision theories within utlitarian philosophy and Jeremy Bentham's philosophical model of the ideal 'Economic Man'. They suggest that, as a philosophical model, it had validity in the era in which it was developed as there was no attempt to attribute real world explanatory or predictive power to it. Such a frankly theoretical

perspective allowed the 'Economic Man' to be both omniscient and 'computationally omnipotent'. In time, both prescriptive and normative qualities were ascribed to classical decision theory. Beach and Lipshitz suggest that the subsequently observed failure of real people to make decisions with the required mathematical precision and odds-balancing strategies began to be interpreted as the human failure to make decisions in the 'right' way rather than a missapplication of the original theory. Gigerenzer and Todd (Gigerenzer & Todd, 1999a; Todd & Gigerenzer, 2000) describe this as the requirement of classical decision theory for 'unbounded rationality'. They see it as requiring the impossible ideals of; access to all relevant information; limitless time; and limitless cognitive processing capacity.

Beach and Lipshitz have a second criticism of classical decision theory in that it is primarily concerned with the process of decision-making, not the outcome. As they put it; "classical decision theory does not address the question of making correct decisions, it merely addresses the question of making decisions correctly – that is not the same thing." (Beach & Lipshitz, 1993 p28).

The third area of criticism, summarised by Klein and others (Klein, 1998; Klein, Orasnu, Calderwood, & Zsambok, 1993), is that investigations of classical decision theory have usually been based in laboratory studies where, for reasons of experimental pragmatism, tasks which are artificial, low in complexity, and novel to the research participants are used. This is far removed from the non-laboratory situation where most of the important decisions are made by people with familiarity with their setting, appropriate training, and with extensive experience in the complex matter at hand.

Current research into how professionals make ethical decisions (Benner, 1984; Beresford, 1991; Downie, MacNaughton, & Randall, 2000; Grundstein-Amado, 1993; Hutchinson, 1990; Kugelman, 1992; Williams, 2002) shows that such deliberated decision-making processes, while used for high-risk decisions and when time and other resources are available, are the exception rather than the rule.

Current influences on research into ethical decision-making

Current research on ethical decision-making is at a cusp of several exciting developments in psychological knowledge which are having an effect on many areas to do with cognition and decision-making .

The first of these is the area of cognitive psychology, both in its own right and as a branch of the wider area of cognitive science. Cognitive science

Table 1. Practice-Based Ethical Decision-Making Models
from Bradley and Hendricks (2002)

Corey,Corey, & Callanan (1998)	Forester-Miller & Davis (1996)	Keith-Spiegel & Koocher (1985)	Tymchuk (1986)	Welfel (1998)
1. Identify the problem	1. Identify the problem	1. Describe the parameters	1. Determine stakeholders	1. Develop ethical sensitivity
2. Identify potential issues involved	2. Apply the ACA *Code of Ethics*	2. Define the potential issues	2. Consider all possible alternatives	2. Define the dilemma and options
3. Review relevant ethical guidelines	3. Determine nature of dilemma	3. Consult legal and ethical guidelines	3. Balance risks and benefits to make the decision	3. Refer to professional standards
4. Obtain consultation	4. Generate potential courses of action	4. Evaluate the rights, responsibilities and welfare of all	4. Decide on level of review	4. Search out ethics scholarship
5. Consider possible and probable courses of action	5. Consider potential consequences, determine course of action	5. Generate alternate decisions	5. Implement the decision	5. Apply ethical principles to situation
6. Enumerate consequences of various decisions	6. Evaluate selected course of action	6. Enumerate the consequences of each decision	6. Monitor the action and outcome	6. Consult with supervisor and peers
7. Decide on best course of action	7. Implement course of action	7. Make the decision		7. Deliberate and decide
				8. Inform supervisor and take action
				9. Reflect on the experience

is a cross-disciplinary body of knowledge including input from linguistics, neuroscience, philosophy, cognitive psychology, and the field of artificial intelligence. The common interest across these disciplines is in accounting for and explaining intelligent activity, whether exhibited by people, animals or machines (Audi, 1995). The second strong influence comes from recent developments in the various psychological theories, specfically on the area of decision-making. This area has been influenced by cognitive science and recent developments include an interest in cognitively tacit or unaware decision-making of various sorts. Models most relevant to this paper include automaticity, naturalistic decision-making and social judgement theory.

Automaticity is the term developed by Bargh and Chartrand (Bargh, 1994; Bargh & Chartrand, 1999) to describe those cognitive processes which are not conscious. They define conscious processes as 'mental acts' of which individuals are aware, that they intend, that require effort, and which individuals can control. Automaticity covers two types of mental act. The first is skill acquisition which starts as a deliberate, effortful and intentional conscious process which, over time and with practice, reaches a point where carrying out the skill requires no mental effort and has little sense of intention beyond setting an initial goal. The second type of mental act is 'pre-conscious processing' in which environmental events are recognised and responded to effortlessly and without any awareness of what is taking place. Recent work, which clearly demonstrates such processes, is the research summarised by Stangor, Allport and others (Allport, 2000; Stangor, 2000) on stereotyping, which includes many examples of stereotyping by professionals. Professionals can be influenced toward stereotyped responses by names of individuals, race or ethnicity, and other aspects of appearance, as well as by more professionally specific cues such as initial diagnosis.

In related work, Sternberg and others (Sternberg, Wagner, Williams, & Horvath, 1995) summarise the distinction between academic intelligence and practical intelligence. Following the work of Neisser (1976 cited in Sternberg et al., 1995) they describe tests for academic intelligence as typically being formulated by someone other than the person being tested, being of little intrinsic interest to the individual, being abstracted from their daily experience, presenting all necessary information from the beginning, being well defined and being unambiguous in that there is only one right answer. Academic intelligence also demands cognitively explicit reasoning. Practical intelligence, on the other hand, is applied to problems that are unformulated, of personal interest, may lack all the information necessary for a solution, are poorly defined, have multiple "correct" answers, and multiple possible solutions. The reasoning or judgement involved in practical intelligence is, as Sternberg, following Polyani (1965) refers to it, tacit; that is, the individual may not be aware of the cognitive processes involved. Sternberg and his team (Sternberg, 2000; Sternberg & Ben-Zeev, 2001; Sternberg et al., 2000; Sternberg et al., 1995) recognise that the use of tacit knowledge is a difficult process for an individual to describe. The conditions required for day-to-day ethical decision-making are similar to those which demand the use of practical intelligence.

Challenges to classical decision theory have come from research in the field of Naturalistic Decision-making (NDM). Klein and others (Klein, 1998; Klein et al., 1993), have approached the issue of understanding complex, time-limited decision-making by the use of field studies. Using a detailed case-study approach, they have interviewed people in critical, real-life decision-making roles such as military unit leaders, fire-fighters in charge of crews, and health professionals making clinical decisions. NDM researchers claim that they examine decision-making in domains that are "complex, messy and challenging". (Klein et al., 1993, p15)

Proponents of naturalistic decision-making describe field studies where experienced decision makers use apparently intuitive, non-analytical approaches and, because of the tacit nature of expert knowledge, often cannot easily explain their decision-making. Many do not experience decision-making as a time-linked process; they look at a problem and simply 'know what to do'. Important in the early, descriptive investigations of naturalistic decision-making was the discovery that experienced decision makers do not, as suggested by classical decision theory, seek the optimum choice from several alternatives. Instead they tend to follow the first course of action they identify as one which is a workable or effective, but not necessarily the best, course of action.

Thomas-Edding (1987) found such a situation with expert and novice physiotherapists. Expert physio-therapists spent more time on data gathering and diagnosis than novices while the novices spent more time on deciding on the treatment. Decision-making styles of novices and experts were different, with the novices seeking to find the best of several diagnoses and then selecting treatment options, while the experts made a workable diagnosis-treatment decision and only reverted from that decision if further information indicated a misdiagnosis. Klein (1993b) referred to this expert behaviour as 'serial evaluation of options' and contrasted it with the classic approach of having to simultaneously compare strengths and weaknesses of several options. In naturalistic decision-making the process is one of generating a single pertinent option, while in classical decision theory the suggested process is the extravagant one of filtering out unacceptable options from the widest possible range of options generated early in the decision process.

The NDM movement was funda-mentally applied research and so tended to ignore broad theory development. The related area known as social judgement theory has always had a base in theory but one based on research into the practice of decision-making in its natural setting. The lead figure in this area for many years has been Kenneth Hammond. His recent works (Hammond, 1993, 1996) summarise his research into decision-making by political leaders developing social

policy. Like psychologists' ethical decision-making, this involves value-laden, complex decision-making using data of uncertain quality concerning major welfare or life-and-death decisions.

Hammond and other theorists in this area operate from a series of premises and major understandings about human judgement. The first of the major views is the perceived conflict between intuition and analysis, or between tacit and explicit decision-making. Hammond recognises that there has been a conflict between the social acceptability of intuition as personally persuasive rhetoric, and what he describes as the socially approved process of logical deduction. Hammond reviews how, historically, these two approaches have competed for acceptance as the right way to make decisions and attributes much of the tension as being due to the hegemony of rationality. However, he suggests that individually we can successfully use both but, because of the debate and competition between them, we are not completely comfortable with either style and that we oscillate between the two. NDM theory makes the explicit or tacit aspect of decision-making a binary, either-or state: decisions are cognitively either tacit or explicit. For Hammond and his colleagues there is a cognitive continuum with completely intuitive, or tacit, decisions at one end, and completely analytical and explicit at the other. Decision-making can move freely along this continuum including a middle range which Hammond calls 'quasirationality'.

The second platform Hammond works from is what he terms the 'correspondence' and 'coherence' views of competent decision-making. The accuracy of a decision – its correspondence with the facts – needs to be balanced with its coherence as an intuitively acceptable whole. Hammond suggests that oscillation along the cognitive continuum arises as people move from addressing a problem using 'responsible cognition' to 'intuitively plausible' non-explicit processes. Movement from the intuitive end arises when an individual feels uncomfortable with the 'irresponsibility' of intuition and moves

toward responsible cognition. Movement away from cognition occurs because of a sense of discomfort with the lack of intuitive fit or coherence when using analysis only.

The discomfort with analysis or intuition comes not only from the social pressure to make decisions in the 'right' way but also because of what Hammond sees as a difference in the nature of such decisions. As we seek accuracy or precision the decision-making process becomes more fragile. At the other end is the robust coherence of the intuitive approach, but this is known to be less accurate. Hammond quotes a study by Brunswik (1956, cited in Hammond 1995, p160) to illustrate this. Brunswik asked people to estimate the height of a bar intuitively and found that most were confident in their answer and that the error distribution followed an approximate bell-curve with the mean close to the actual height. When asked for a calculated height of the bar, most of the calculated answers were exactly right, but those that were wrong were significantly wrong, and even those who were right had less confidence in their answer. Hammond contends that intuitive perception is robust but imprecise while analytical cognition is precise but subject to gross errors when it is wrong.

Both Hammond and the supporters of NDM conclude that there is a pressure toward intuition in situations which present a large number of cues of limited validity; where cues are presented simultaneously rather than sequentially; in the absence of a familiar model to organise the information; and when engaging in a task that allows a limited time to make a decision. More analytical cognition, on the other hand, is preferred when the existing conditions include time and resources for analysis; when previous intuitions have been found to be wrong; and when the decision occurs in a social setting where the decision maker may have to justify their decision to someone of higher social status. It can be seen that ethical decision-making can be encompassed at different times by both of these sets of conditions and so both cognitive styles, tacit or explicit or somewhere in between, are valid in different circumstances. Practitioners

usually resort to analysis only when the situation meets Hammond's conditions of time and resource availability; failure of previous intuitions; and when they believe that justification of the decision is likely to happen.

NZ Psychologists' Code 2002

The New Zealand Psychological Society, after considerable consultation and a review of Codes for psychologists in other countries, has recently published a new Code of Ethics for Psychologists (New Zealand Psychological Society, 2002a). The Code itself is a very thorough and careful approach to the problem of offering psychologists a guiding document on the standards of behaviour, and the values and principles behind those standards. In the preamble to the Code, the reviewing committee included a step-wise, explicitly deliberative, and analytical cognitive process that they considered psychologists should follow when making ethical decisions.

The section of the preamble which deals with the decision-making process begins with the phrase: "In all circumstances psychologists should proceed as follows" (New Zealand Psychological Society, 2002b, p3). It then goes on to detail the following steps:

1. Identify the issues and practices that are ethically relevant.

2. Develop alternative courses of action, preferably in consultation with a professional colleague or supervisor.

3. For each identified course of action analyse the likely short-term, ongoing, and long-term risks and benefits for the individual(s) and/or group(s) involved or likely to be affected.

4. Conscientiously apply the Principles, Values and Practice Implications to each course of action in the light of the identified risks and benefits and decide which offers the best balance between these.

5. Take the chosen course of action, accepting responsibility for the consequences of the chosen course of action.

6. Evaluate the consequences of the action, correcting negative outcomes if possible and, if the issue(s) originally

identified are not resolved, re-engaging in the decision-making process.

This model is a clear demonstration of the rationalist, cognitively explicit, prescriptive model of ethical decision-making that reflects the influence of classical decision theory. It has the fault described by Beech and Lipshitz (1993) of proposing decision-making which follows a correct process with less emphasis on whether correct decisions will result. To follow this process fully, especially step 3, would make demands on the time and energy of any practitioner. The "In all circumstances" preface, if taken literally, would raise the standard of behaviour to impossible heights. Haidt (2001) described this model of ethical decision-making as the rational tail wagging the ethical dog. He makes the point that the assumption of the rationalist model is that anything but cognitively explicit rationality will lead to faulty decision-making. For Haidt, decision-making that is non-rational does not necessarily equate with being irrational or wrong.

The Canadian Psychological Association Code of Ethics

The steps in the New Zealand Code's preamble are developed directly from the Code published by the Canadian Psychological Association (CPA) (1991), although not including the final step of the Canadian original which covers acting to prevent future occurrences of the same event. In addition, the 1991 Canadian Code has a number of features that make a significant difference to the weight and emphasis given to some areas. Firstly, rather than beginning with a prescriptive "In all circumstances", the stem used to introduce the process is the more general and inherently flexible statement that; "The following basic steps typify approaches to ethical decision-making".

At its inception the process then outlined by the CPA preamble was seen as offering a unique feature of that Code (Sinclair, 1998) but it was revised for the 2000 edition of the Code so that it contains more steps than in the 1991 CPA code or the 2002 New Zealand one. Following is the model from the Canadian Code (Canadian

Psychological Association, 2000, para 8) with the significant points of departure from the New Zealand Code's preamble emphasised.

1. Identification of the individuals and groups potentially affected by the decision.

2. Identification of ethically relevant issues and practices, including the interests, rights, and any relevant characteristics of the individuals and groups involved *and of the system or circumstances in which the ethical problem arose.*

3. Consideration of how *personal biases, stresses, or self-interest* might influence the development of or choice between courses of action.

4. Development of alternative courses of action.

5. Analysis of likely short-term, ongoing, and long-term risks and benefits of each course of action on the individual(s)/group(s) involved or likely to be affected

6. Choice of course of action after conscientious application of existing principles, values, and standards.

7. Action, with a commitment to assume responsibility for the consequences of the action.

8. Evaluation of the results of the course of action.

9. Assumption of responsibility for consequences of action, including correction of negative consequences, if any, or re-engaging in the decision-making process if the ethical issue is not resolved.

10. Appropriate action, as warranted and feasible, to *prevent future occurrences* of the dilemma.

The Canadian process includes reference to: the context in which the ethical problem has arisen; subjective influences on the psychologist's decision-making; and the responsibility to consider prevention of further occurrences. The decision-making model in the New Zealand preamble includes one point that the Canadian process does not; that of consulting with a colleague or supervisor, although this is dealt with elsewhere in the CPA preamble. Not including step 3 of the 2000 CPA process, that of accounting for personal bias, seems surprising

given that the body of the New Zealand Code, in Practice Implications 2.2.5, 3.2.1, and 3.2.2, calls for psychologists to consider how their own biases and values may affect their work. The Canadian process overall is less narrow in its prescription, more inclusive of context and subjectivity, and oriented toward prevention as well as current problem solving.

The New Zealand adoption of many aspects of the Canadian preamble did not include the following paragraph of comment on how ethical decision-making may occur.

> The ethical decision-making process might occur very rapidly, leading to an easy resolution of an ethical issue. This is particularly true of issues for which clear-cut guidelines or standards exist and for which there is no conflict between principles. On the other hand, some ethical issues (particularly those in which ethical principles conflict) are not easily resolved, might be emotionally distressful, and might require time-consuming deliberation. (Canadian Psychological Association, 2000)

Further, in the *Companion Manual to the Canadian Code of Ethics for Psychologists* also published by the CPA, Sinclair and Pettifor (1992) state that some ethical decisions are made in ways that the individual is unaware of and which appear to be automatic. The CPA clearly acknowledges that intuitive processes can be applied to ethical decision-making. This illustrates the application of the cognitive continuum of awareness of decision-making (Hammond 1996) to practical ethical decision-making. It can go from the seemingly effortless and cognitively tacit to the very explicit, deliberative, and effortful response to complex problems. The CPA is implying that such naturalistic models of decision-making are, to some degree, inherently permitted as effective methods of decision-making by people who are expert in the area under question.

In each of the preambles to the Canadian Code (Canadian Psychological Association, 1991; 2000) there is a statement describing the limits to

which such a Code can guide practitioners. These statements say that, in the most difficult situations, and following a reasonable attempt to use all other steps in the Code, the ultimate resolution of an ethical dilemma may be a matter of personal conscience. No comment regarding this ultimate limit of a Code was included in the preamble to the New Zealand Code.

There is no explanation given in the preamble to the New Zealand Code for the way in which the Canadian preamble was reduced in scope when it was brought into the local Code, nor why the steps from the 1991 CPA code, rather than the 2000 version were used. The working party reviewing the Code sought feedback from New Zealand psychologists but it may well be that in giving feedback, individuals who responded focussed on the body of the Code itself and not on the preamble. Also, it is not clear in this document if or how the decision-making model, apart from the Code itself, might ever be used as a standard against which a psychologist's professional behaviour might be measured, either by the Psychologists' Board or in a civil Court.

Psychologists, whichever branch of psychology they work in, are continually exposed to making decisions that have an ethical quality. With experience and training they become everyday ethics experts and use the full range of expert styles of decision making. The Canadian preamble makes some attempt to acknowledge this, and it seems unfortunate that the same approach was not adopted in the New Zealand case.

Problems with these models

While the Canadian preamble is more inclusive of the real-life conditions in which day-to-day ethical conditions are made, both decision-making models, with their emphasis on rationality and deliberation, risk creating unrealistic expectations of practitioners, both in the minds of the practitioners themselves, in the minds of clients, and in those who are likely to critically examine and pass judgement on psychologists' ethical decision-making. Both models, especially the New Zealand one, tend to decontextualise, objectify, and individualise ethical problems and

decision-making. While the CPA Code and associated documents make reference to automaticity or intuitive decisions in ethical decision-making, it gives limited guidance in the decision making model as to how this can fit in with the deliberative model outlined. The current knowledge that ethical decision-making uses the range of cognitive processes available seems to fall before the power of the explicitly deliberative, rational models. In this way they reflect Hammond's (1996) view of Western culture's discomfort with robust but possibly imprecise intuitive or tacit decision-making.

The research on ethical decision-making in organisations cited above show that it is heavily influenced by context and psychologists often work in situations where their choices and decisions may be restricted or encouraged by a team environment. The setting will determine the resources available for deciding on, then acting on, ethical matters. For instance, a heavy workload, agency policies, and the absence of wise counsel from senior colleagues may all serve to restrict the effort a practitioner can put into a particular decision or the choices available to them. A psychologist might work in a team which is dominated by powerful managers or medical doctors thus restricting his or her voice in team decisions. Models that do not recognise context disadvantage the psychologists who might use them.

Such models could restrict effective teaching of ethical decision-making. The decision-making literature makes it quite clear that novices in a field, such as students of the practice of psychology, need initially to use cognitively explicit, deliberative models as they learn and develop their clinical and ethical skills. The model used in the new Code is relevant in this context although the wider reach of the Canadian preamble seems to a have more face validity. However, offering such a model, especially with the prescriptive "In all circumstances...", does not permit or encourage students to develop toward an effective and understood intuitive – deliberative continuum for their ethical decision-making. It neither requires nor gives explicit permission to more advanced

practitioners to openly examine and be positively critical of their intuitive responses and personal biases in their supervision.

There is a risk that, by being presented in conjunction with such a narrow decision-making model, the New Zealand Code may be considered idealistic and impractical and thus it may be less well regarded than is good for the profession or individual practitioners.

Possible solutions

Codes of Ethics cannot stand alone. Either as a statement of minimum standards of behaviour or as an aspirational guide to high standards, Codes require interpretation to fit individual situations. They should be published with wider guidelines for such interpretation, including explicit guidelines or models for ethical decision-making. However, these models should accurately reflect the way in which ethical decisions are made, not an idealised model of how they should be made. The following are possible steps toward solving these problems:

1. Guidelines and models for ethical decision-making should explicitly acknowledge the existence and value to practitioners of intuitive or non-deliberative cognitive processes in making ethical decisions. That acknowledgement leads to guidance on reflecting on, and monitoring the quality of, decisions made in that way. Calling cognitively tacit decisions 'intuitive' does not put them beyond examination. Rather, acknowledgement that such processes occur opens them up for critical review. This invites open discussion of tacit ethical decision-making in supervision, and for the teaching of students about the range of ways to make ethical decisions. It offers an opportunity for an over-all improvement in the ethical standards of the profession. Guidelines should encourage the use of supervision for the reflection on routine intuitive ethical decisions as well as those serious situations that demand deliberation. There should be direction toward reflection on good ethical decisions, those where intuitive decision-making resulted in satisfactory outcomes, as

well as on the situations where things went wrong. Included in this reflection would be consideration of the practitioner's sensitivity to the seriousness or complexity of ethical issues and when and how they respond with deliberation to the more serious ones. A 'false negative' decision to rely on tacit processing in a situation in which the complexity or risk actually requires deliberation, also needs reflection.

2. Guidelines or models for ethical decision-making should include recognition of constraints on resources, including constraints on time, money, staffing, and personal or professional power. Such constraints should be explicitly accounted for, and if possible worked around, in any deliberative consideration of a complex ethical problem.

3. As well as immediate constraints on resources psychologists are exposed to personal and organisational or business pressures. Research shows that health practitioners in private practice will temper their decision-making in order to maintain a positive relationship with a funding body such as ACC (Williams, 2002). The guidance on decision-making offered with Codes should, as the Canadian preamble does, acknowledge that psychologists are subject to personal and interpersonal biases. By acknowledging such business and organisational pressures, and interpersonal biases, the formal decision-making model can explicitly open the way for individual practitioners to examine them and thus to move toward counteracting them.

4. The process described should acknowledge the cognitive constraints on people making decisions and be explicit that it is legitimate and indeed necessary to use and move along a continuum between tacit cognition and explicit, effortful, and conscious deliberation. Such guidance would accommodate the well-established psychological theories that account for how experts make decisions such as that outlined by Hammond (1996).

The purpose of this paper has not been to unduly or unfairly criticise the work of the working party that revised the *Code of Ethics for Psychologists Working in Aotearoa/New Zealand,* but

to offer a serious analysis of the ways in which the present code is vulnerable to challenge, and particularly the way it fails to offer adequate guidance to practitioners of psychology in their ethical decision-making.

It is hoped that practitioners, teachers and supervisors, and those who oversee the practice of psychology through positions within the profession's professional bodies, will keep these concerns in mind either when reviewing the Code in future or when called upon to adjudicate on the behaviour of their peers.

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Comments on Tim Williams' paper, '*Setting Impossible Standards: The model of ethical decision-making associated with the New Zealand Psychologists' Code of Ethics*'

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Tim Williams' article provides a valuable review of how decisions are made and although much of the commentary about ethical decision-making is by extrapolation it does offer important insights. He then applies this review to the steps for decision-making recommended in the preamble to the 2002 Code of Ethics for Psychologists

Working in Aoteatoa/New Zealand. We are grateful for the opportunity to respond to his paper, particularly as he appears to us misunderstand the purpose of our recommendations. We will make only tangential reference to his review of decision-making models, and instead comment on the model that we offer and the justification for it.

In the preparation of the revised Code the working party responsible for the review produced versions for comment and progressively integrated these comments to produce the final document. Williams is correct in his assumption that we did not receive comments on the preamble. His commentary provides grounds for

revision in some areas. In particular, the code preamble should clarify that it is not expected that all ethical decisions are made, or must be made, by applying systematically the six steps described. We agree that psychologists are confronted daily with ethical decisions, and that on most occasions psychologists will follow a process that adheres to the direct application of a "rule" (e.g., make sure to gain explicit informed consent) and/or that psychologists make ethical decisions by a process that appears to be automatic or intuitive. The preamble should acknowledge this in a future revision, albeit without losing the emphasis on care in all decision-making. We also agree that the Canadian Code provides valuable additional points in the steps it describes; in particular, the consideration of personal bias and of actions that may be taken to prevent future occurrences of the dilemma.

The present Code was shaped by our consideration of the old New Zealand code, and equivalent codes from other countries. To a great extent we relied upon the Canadian Code with its emphasis on principles, related values, and related practice implications. That is, we wished to emphasize the way in which a particular ethical decision is arrived at, rather than provide a prescriptive set of rules (as was the model employed in the previous Code). The Code provides in its very structure a guideline for decision-making. The six steps spell out the process recommended in making a particular decision.

The Code was further shaped by a survey conducted with Registered Psychologists in which we asked them to describe ethical dilemmas that they, or a colleague, had recently faced (Davis, Seymour & Read, 1997). This demonstrated the type of ethical issue that could not be considered "routine" and that demanded of practitioners that a deliberate, rational decision-making process is followed. We also considered the clear evidence from complaints against psychologists that suggested the need for clearer direction in ethical decision-making. Both of these considerations pointed to the need for improved training of young psychologists.

We assumed that in presenting steps for decision-making individuals would read this as applying to situations where they recognize a real dilemma exists, and for which therefore they will look to a code for assistance. We also believe that in training young psychologists an emphasis on deliberate, rational steps is necessary, as a first step to their gaining the skills that may subsequently be applied in a manner that may be less conscious and deliberate.

Further, we recognized that if a psychologist is subject to a complaint they must be able to demonstrate that they acted in an ethically defensible manner. At that point they will not be able to rely on intuition, experience, or "simply know(ing) what to do".

That is, the Code is presented as a resource for training young psychologists and for practicing psychologists in assisting them to deal with the ethical dilemmas that cannot (or should not) be considered as "routine". The Code presents standards and practices to which psychologists should aspire, both within the ambit of the four principles and the preamble. We do not see it as appropriate for a Code to recommend processes for making ethical decisions on any other basis than the explicit rational process that this Code presents (albeit with some minor adjustments as described above). Indeed the folly of such a recommendation may be supported by an examination of the population of psychologists against whom complaints are laid. It is our impression that this population is weighted heavily on the side of older, more experienced psychologists, who may be that group that increasingly come to regard most issues as "routine" and themselves as "know(ing) what to do". They may also be the population that comes to rely less and less on consultation and review of their ethical decision- making. Williams also emphasizes the need for this.

Finally, we do not consider it reasonable or sensible to contain within a Code "recognition of constraints on resources, including constraints on time, money, staffing, and personal and professional power" as suggested by Williams in his second "possible solutions". Offering such constraints

as reasons for making a poor ethical decision is unlikely to impress a dissatisfied consumer or a disciplinary committee. Giving greater priority to ethical decision-making is, and should be, one of the strongest messages of the new Code.

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The authors were all members of the Code Review Group.