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ETHICAL PERSPECTIVES IN THE CARING PROFESSIONS

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SUMMARY

The main purpose of this article is to offer a general overview of different ethical theories applied to the caring professions. The article emphasises the importance of certain emergent ethical approaches such as ethics of compassion, ethics of care, ethics of virtue and constructionism. The authors' starting position is that emotions, compassion, care and virtues are very important in interventions and that these factors can improve the professional practice of psychologists, health professionals and social workers. We highlight the relevance of the relationship between users and professionals to the practices of the caring professions.

Key words:
professional ethics; caring professions; ethics of compassion; ethics of care; ethics of virtue; constructionism.

INTRODUCTION

This paper is structured in three sections. The first one introduces the need for professional ethics in the caring professions based on the fact that professionals internalize an ethical perspective in their relationships with users.

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The second section reviews certain traditional conceptions, such as deontologism and consequentialist utilitarianism, within professional ethics. Those conceptions have been primarily based on the definitions of ethical values and principles and historically have been the most accepted and spread conceptions since the emergence of professional ethics.

The third part of this paper introduces other more recent developments in ethical thought, typical of what some have called "the discourse of postmodernity". Although some interventions of the caring professionals are nowadays governed by the criteria of care and compassion, we would like to stress still more the necessity of those recent ethical theories.

Finally, the article includes a number of general conclusions as well as an overall assessment of different presented ethical theories, stressing the elements that may help the professionals to enhance the ethical quality of their interventions.

The need for a professional ethics

It could be said that ethics, as a moral philosophy, and professional ethics in particular, has attracted an increasing interest in recent years. This is not strange if we take into account, for example, the innate ability of the human being to separate what he/she does from what he/she has to do, what he/she is from what he/she has to be. This issue of "duty" and "good professional practices" is at the root of many individual approaches from the moral point of view, as well as of many professional ethics.

Professionals are often faced with situations in which they have doubts about what they have to do: social workers ask if they should breach or maintain the principle of confidentiality on certain information about the user, doctors ask if they have to respect the decision taken by a patient (even if they do not agree with this decision), social resources managers wonder whether they have fair criteria for allocating scarce resources of an intervention programme in an equitable way, etc. Being confronted with these situations, professionals realize how important it is to know professional ethics in order to take right decisions and — in the end — to rely on good ethical criteria.

However, talking about ethics does not just mean talking about what "is" and what "has to be"; it also involves talking about universality and particularity, about objectivity and subjectivity. The following questions arise in our mind: How can I know what I have to do? Which ethical principles should I take into account in my interventions? Should the ethical principles of professional deontologism be considered as absolute, or are there any exceptions? Should the ethical values, princi-

ples and rules be actually universal, or should they be related to each context and to every individual?

Furthermore, talking about professional ethics also involves permanent challenging of and a reflection on our moral behaviour. A number of ethical conceptions have arisen aimed at answering the above questions (Lonne, McDonald and Fox, 2004). While each conception stresses different aspects of professional ethics, they all share the same purpose: being able to help the professionals obtain and implement an ethical criterion. It is important to acquire an "ethical consciousness" based on which, first of all, the professional may identify the ethical problems and, afterwards, he/she may be able to cope with them.

In this paper we would like to present a general overview of different ethical conceptions that have helped building professional ethics. With this in mind we will adopt a chronological point of view, starting by the most classical principlist approaches and finishing with a presentation of a number of contemporary conceptions. We will remark the importance of these last approaches because, in our view, they are directly related to the caring professions (Johnstone, 1994). In Hugman's (2005: 1) words, those are *occupations that, on the basis of a high level of training in specific knowledge and skills, undertake work in which a human person is both the object and the subject, whether physically, mentally, emotionally or spiritually.* Health care, counselling, social work, teaching and a number of other professions are included in this concept because they are focused on the human person.

Nevertheless, the named groups differ not only due to chronologic reasons, but also in relation to the foundations of a professional action itself: being based on a number of basic ethical principles which may apply from a universalistic perspective or, on the other side, stressing more specific aspects of the relationship between the professional and the user (attitudes, emotions, motivations, etc.).

The predominance of principlism in professional ethics

Professional deontologism

Deontologism defines the correctness or the incorrectness of an action as something intrinsic to the action itself. Actions are correct or fair in nature and this is also related to their degree of universality. Killing somebody, for example, is a bad action in itself, so we could say that "don't kill" is a universal behaviour criterion.

Professional deontologism finds its roots in Kant's ethical theory. Kant (2002; originally published in 1788) supported the universality of moral rules. For example, telling the truth is good in itself, since the world in which each individual would always lie or tell the truth only when this was convenient for him would make

no sense. If a moral rule states that telling the truth is good in nature, this in practice implies that one must always tell the truth. Being applied to professional ethics this maxim means that "half-truths" between the professional and the user should disappear, since the professional should always tell the truth, no matter how hard it may be or its implications for the user. According to this approach, for example, a doctor should not conceal to the patient that he/she has a terminal cancer, but tell him/her the truth about his/her illness.

Kant's categorical imperative also postulates that individuals have to be treated as ends in themselves, not as a means to an end, i.e., individuals must not be instrumentalised, must not be "used"; they have to be respected and considered as ends in themselves. This consideration has been the origin of many contemporary ethical principles, such as respect for individualisation or for self-determination of the user, which Biestek (1961) — an American Catholic priest — supported already in the late 1950s in relation to social work ethics.

Individualisation refers to the recognition of the unique characteristics of each and every user. In brief, this means that each user is unique and specific, so we must treat and accept him/her as he/she is. In turn, the principle of self-determination of the user involves the duty, on the part of the professional, to respect the user's decisions, even if in some cases he/she may not completely agree with them.

The list of ethical principles formulated by Biestek could be summed up as the ethical principle of respect towards individuals or, more specifically, as Banks (2006:33) notes, *respect towards the individual as a self-determining being*. The latter would be derived from the categorical imperative previously formulated by Kant in the 18th century.

Today, respect for the autonomy (or for self-determination) of the user is still considered as one of the main ethical principles in professional ethics. After the publication of Mill´s *On Liberty* (1869), Berlin distinguished two concepts of liberty: negative liberty (the absence of coercion or interference by other persons) and positive liberty (liberty in choosing our government). Referring to Mill´s opinion, Berlin says that, in the liberal view, *coercion is bad as such, although it may have to be applied to prevent other, greater evils* (Berlin, 2005: 238).

Users are considered as free, autonomous individuals, able to take their own decisions, and as such, the professionals must respect those decisions. In many deontological codes there are references to autonomy or self-determination of users. Other fundamental ethical principles, such as the search for users' wellbeing, the respect for confidentiality of information or the principle of a fair distribution of resources arise together with autonomy.

Deontologism considers ethical principles as duties that the professionals must fulfil. Those duties are considered in an abstract, universal way, since they

are not dependent on a specific user or a professional, but are rather applied generically and universally to all kinds of interventions. Consequently, the analysis of deontologism is more universal, more "neutral"; it postulates a more generic "duty", without leaving too much room for specific implications of different actions.

Consequentialist utilitarianism

Unlike deontologism, utilitarianism does not analyse the ethical principles in abstract terms; instead, it founds its ethical analysis in the balance of the positive and the negative implications of every action. In fact, according to this approach, the correctness or incorrectness of an action depends on the balance between its "good" and "bad" consequences

In practice, the professional, before taking one decision or the other, should make a balance between the positive and negative implications of each one of his/her actions. The problem is that the result of the balance is not always clear, so choosing the most correct action from an ethical point of view is not so simple. And, who determines "good" or "bad" outcomes when discussing them? Critics of utilitarianism also focus on another important problem: utilitarianism advocates choosing the action that maximizes happiness for the greatest number of persons, but who decides what the greater good is? Could it then be possible to privilege the interests of the majority over the needs of other smaller groups (as people with dementia)? (Parker, 2001).

According to the principle of utility, the professional should look for the highest profit for the highest possible number of individuals involved in his/her intervention. This means that it is necessary to take into account not only the direct user, but also their relatives and any other person who may be affected by the decision taken by the professional. It could be said that in comparison to deontologism utilitarianism widens the very narrow relationship between the professional and the user to also take into account – in a more specific way – other persons that may be indirectly affected by our professional decisions.

Despite the differences in many aspects of the two named approaches, both of them are principlist approaches: deontologism defines, in more abstract terms, the fundamentals of intervention; on the other side, consequentialism analyses the implications of our actions, but is also based on the main principle that was formulated by John Stuart Mill (1864) and other utilitarists: the greatest happiness principle (actions are right in proportion to the happiness they tend to promote); this principle has formed a lot of moral doctrines. Today, the ethical principle of wellbeing becomes an important reference in social interventions: it implies the

search for the highest well-being of the direct user as well as of all the individuals affected by the intervention.

Ethical principles in deontological codes

Most professional ethics have been deeply marked by the principlist conception. Principlism is derived from the interrelation between the deontological and the utilitarian perspectives, leading in practice to the consideration of a series of ethical principles that pretend to be universal. All those principles have some limitations derived from the analysis of their likely implications. For example, the respect for the user's autonomy is a fundamental ethical principle, but this autonomy becomes limited if the user wishes to hurt another person; the therapist has to respect the confidentiality of the information provided by the user, but from an ethical point of view he/she could break this principle and warn the user's partner if the user tells the professional he/she intends to kill his/her partner.

Let us remember, in this regard, that since the famous "Tarasoff affair", the respect for the confidentiality of the information transmitted by users has become limited when there is a risk for the life of a third person. To sum up the case, Mr. Poddar killed his former partner, Tatiana Tarasoff, in 1969 in California. Poddar had previously told a psychologist about his intention to kill Tatiana, but nobody warned her or her family about it (the elaborate description of the case is available in Beauchamp and Childress, 1999: 489-490). In this case, the therapist's breaking confidentiality would not have meant a violation of professional ethics since *a physician may not disclose the confidential information received in the course of medical care… unless required to do so by law in order to protect the welfare of an individual or a community* (American Medical Association (2010). Principles of Medical Ethics, section 9).

Bioethics also develops a principlist approach. In 1979, Beauchamp and Childress (2001) suggested four basic ethical principles that have marked the methodology for solving ethical conflicts in bioethics. Those ethical principles are the following: non-maleficence (duty of doing no harm), autonomy (decisions have to be taken by the patient freely), beneficence (an action must be guided by the search for the patient's well-being) and justice. Beauchamp and Childress use those principles in healthcare ethics as "prima facie", *that is, these are principles that are likely to be relevant in some degree to any given ethical problem in practice* (Fulford, Dickenson and Murray, 2002: 9).

Modernity has been marked by ethical principlism, which has continued evolving through different formulations of deontological codes. During the 1980s and

the 1990s, the ethical principles of autonomy, well-being, equality and fairness were still the reference that should guide professional intervention. Deontological codes also include specific references to values, principles and rules that are compulsory for the professionals.

For example, the Spanish Deontological Code of Psychology (General Council of Psychologists, 1995) sums up the principles that are common to every professional deontology: respect for the individual, protection of human rights, sense of responsibility, integrity, sincerity with clients, caution while implementing instruments and techniques, professional competency, as well as the soundness of the objective and scientific foundations of their professional interventions.

Continuing with the example, the Deontological Code of Social Work in Spain (General Social Work Council of Spain, 1999), which is based on the documents of the International Federation of Social Workers, also defines the general principles of the profession: the unique value of each individual, the right of every user to self-realization, the commitment of social workers to social justice, users' right to privacy and confidentiality, etc.

Emergent ethical perspectives in the caring professions

Obviously, the ethical principles included in the deontological codes are of great importance for intervention; the professional must know and take into account all those ethical principles in his/her individual, family and group interventions. But is it enough just to "take into account" these ethical principles? To what extent are they universally valid? Is such a conceptual professional ethics focused on rights and responsibilities, on professional integrity, on prescribing what professionals should do in terms of ethical principles and rules enough? (Banks, 2008).

During the last years of the 20th century and the early 21st century other ethical theories that focus on emotions, the relationship of care and the emotional aspects arising from the relationship between the professional and the user arise.

Human reason has been traditionally stressed as the faculty that allows us to identify and to define what is good and which actions are correct from an ethical point of view. For this reason, most ethical conceptions have considered reason as the main guide for ethics, being neutrality and universality its primary applications. For example, Kant's categorical imperative is universal, rational and implies fairness as a moral good (Hinman, 2003).

In our opinion, however, reason and universality are very important for the ethical development, but there are also other relevant aspects involved in the relationship between professionals and users that must be taken into account and that, furthermore, contribute to the enhancement of the ethical quality of professional

interventions. We believe that a "good" ethical intervention must not be merely rational or be based only on universal principles, but it has to take into consideration other aspects such as emotions, compassion, virtue, etc. that are unavoidable in the relationship between a specific professional and a particular user. We are rational human beings, but also relational and emotional, so we can analyse more deeply what happens in the professional relationship and the role that other factors, such as the character or emotions, may play in this relationship.

We would like to describe briefly some of the more recent ethical approaches intimately related to the caring professions as medicine. Les Todres, Galvin and Dahlberg (2007) offers an existential view of well-being. They argue that "lifeworld-led care" is more than the general understanding of "patient-led care", social work, nursery… Our purpose is not to distort principlism, but rather to stress the importance of those ethical theories in interventions of caring professionals.

A number of authors (Hugman, 2005) lump those recent ethical approaches together under what they call "postmodernity", considering as such the time when doubts about universal perspectives start to arise and the society is seen as a network of meanings that human beings build by means of language. They also use the metaphor of the society as a "written text" that should be read and whose meaning is not fixed, since it changes depending on who different readers are. Some detractors of postmodernism have interpreted it as an inherent relativism, but it could also be interpreted as a complete rethinking of morality. There are many interesting works that discuss the postmodern ethics and its implications: Bauman (1993; 1998), Kellner (1998), Squires (1993), Gray and Lovat (2006), Hugman (2005), Atherton and Bolland (2003). Postmodernism sees the society as a text in which the meaning is not fixed, and the social life as plural, flexible and uncertain (Irving, 1999).

Ethics of compassion

Some ethical theories have traditionally been based on reason, not on emotion. In fact, since the classical Greek philosophy, emotions have not been considered as a solid basis over which ethics could be built. Reason was the most important faculty to guide ethics, and emotion was just the opposite of reason. Emotions were considered as irrational and subjective. Nowadays, some authors such as Nussbaum (1996) and Tallon (1997) offer a different perspective: connecting emotion and rationality as complementary forms of consciousness and an answer to the world that, in addition, plays a role by supporting our actions and the ethical reflection. According to Nussbaum (2001: 1) *emotions are intelligent responses to the*

perception of value; emotions tell us what is important for us and are a part of our evaluation and response processes.

Tallon (1997) also advocates the role of emotions saying that these influence our moral actions and that they could also serve as a guide for values. If reason is important for ethics, emotion is important as well. Emotions inform our general actions and our ethical choices. Emotional engagement is an important part of our professional interventions with users. In this sense, Adams (2002) writes about the ethic of love in medicine.

One of the most important emotions is compassion, which could be defined as *a harmful emotion caused by the consciousness of another person's unfair misfortune* (Nussbaum, 2001: 301). Compassion is not exactly the same as empathy, since the latter may appear without being necessary that the other person is suffering due to a misfortune. Compassion rather requires the assessment of the situation that the other person is facing, so it could easily become a solid basis from which the professional could be impelled to look for the well-being of the unfortunate person. Compassion does not only imply an emotional commitment with the other person; it is also a driver that leads the professional to action.

Shame, jealousy and repugnance are the main emotions opposite to compassion, but there are some other emotions that do not favour compassion at all, such as resentment, fear or anger (Barbalet, 2001). All these play an important role in professional interventions of social workers, nurses, practitioners, educators, etc. and they influence ethical responses of those professionals towards users ("why do I have to help this person?", a professional could say influenced by envy or anger).

Compassion leads us directly to action and may even drive us to make a balance between the principles of autonomy, well-being, non-maleficence and justice. Compassion alone is not enough as a foundation of professional ethics, but it is necessary, since it plays a very significant role: it means that we are able to recognize a person who is facing a situation in which he/she needs a moral answer from us (Gallagher, 1999). We could say that compassion is an essential component in attempts to achieve a higher ethical quality in professional interventions.

Ethics of care

The ethics of care are usually identified with some feministic perspectives such as the one supported by Carol Gilligan (1982). Gilligan challenged the hierarchy of moral values suggested by Kohlberg and claimed the need to place the fact of caring for other people at a higher level of moral development. According to Gilligan's view, morality has to be defined in terms of relationships, of connections

between individuals, rather than in terms of personal autonomy or of systems of rules to be respected.

The ethics of care focuses on relationships – instead of being focused on a series of abstract ethical principles, on the person who feels and acts caring for others, who acts in a receptive way and pays attention to users' needs and weaknesses.

From Gilligan's and other feminists' perspective, the ethics of care is often presented as opposite to the ethics of justice: the former is more relational, focused on the relationship created between the professional and the person he/she is taking care of, while the latter is presented as a comprehensive framework of moral references based on a series of agreed ethical principles. It is beyond the scope of this article to discuss important literature that has emerged from the ethics of care, but for further reading we can recommend the works of Tronto (1993), who takes the position of Gilligan as a base and places it in a political context, or Williams (2001), who applies it to social policy concerns. More recently, Hollway (2006) studies the psychological capacities involved in care.

In our view, justice and care do not necessarily oppose each other. The meaning of each of those concepts may be found in the promotion of the other (justice, care). The agreement on some minimum ethical principles is crucial for professional ethics, but we also support the approach of the ethics of care since it points to the fact that duties, principles and virtues reach their full meaning within the relationship of care for the other. Duties and principles may represent very plausible ways to explain what is good or correct, but this is applicable within the context of care, of the relationships we are building, because it is within relationships that "good" or "correct" actions obtain a meaning (Noddings, 1984).

We would like to stress Featherstone´s (2010: 73) definition of caring as *a social and moral practice that involves not only dealing with feelings of love, compassion, empathy and involvement but also of grief, anger and rejection. As a foundational element in social relationships, caring allows for an engaged and intimate space for the articulation of values associated with trust, respect for differences and mutual recognition.*

The ethics of care shares some aspects with the ethics of compassion. Both of them stress the importance of relationships between professionals and users, but the former puts a stronger emphasis on relationships in general, while the latter stresses the emotional responses of individuals. We believe that both of them, care and compassion, are necessary (but not sufficient) to achieve a proper development of professional ethics.

Postmodernity and the ethics of virtue

A number of postmodern conceptions resume the discussion about objectivity or subjectivity in ethics as a discipline and in professional ethics: Is it possible to define universal common values in all societies? Is it really possible to define common values within a profession? Is there an objective agreement on who is actually "a good social worker" or "a good nurse"? Is ethics, in reality, a question related to the values of each individual? These postmodern theories challenge the objectivity of ethics and of social life in general: if the society has to be read as a "written text", then its meaning cannot be unchanging, since it depends on differences of its readers. In this regard, we could ask ourselves whether ethics is a question of tastes or if each person chooses a different type of professional intervention according to their own, subjective preferences.

Should the aspiration of achieving some degree of objectivity be impossible to reach, the effort of trying to define the fundamental values for a profession, or the ethical principles to be applied to social interventions would be in vain. In our opinion, there is a certain degree of objectivity in ethics as a discipline and in professional ethics, although this objectivity does not remove directly the subjective conceptions of each individual or every professional. Should it be impossible to reach some degree of objectivity, not only would talking about professional ethics make no sense; we could be even led to doubt about the sense of ethics itself as a discipline.

While explaining the ethical practice, some postmodern authors lean more towards a certain "moral drive" of professionals than towards the importance of formal codes (Banks, 2006). According to Bauman (1993), postmodernity means uncertainty about knowledge and values, so each individual has to try to understand the relationships he/she builds with other individuals and cope with the responsibility of his/her specific relationships.

Some other postmodern authors do not share the view of universal values or duties based on an abstract rationality. In spite of this, they try to define what is "good" or "correct". To do so, they retrieve the concept of "virtue" as a feature of the character and they separate the character of the individual who is taking a moral decision from the action itself. Virtue ethics is rooted in Aristotle (1976). He distinguished between intellectual and moral virtues: wisdom, prudence and understanding are intellectual virtues acquired by instruction while liberality and temperance are moral virtues, acquired by habit. Aristotelian virtue ethics is also related to the process of producing the good life. To be virtuous contributes to the good life and one of the means of achieving good life is to participate in social and political culture.

Unlike the principlist positions, the ethics of virtue specifies what is moral in relation to internal factors such as the character or the reasons of the person who acts (Banks, 2004: 85). The focus therefore is to retrieve the importance of the person and the reasons that drive him/her to action, instead of the more general definition of an action as being correct or incorrect. As Webb (2010: 111) explains, *for virtue ethics, a good act is good because it results from a good character that is intrinsically going to deploy action in line with one or more virtues. Thus the goodness of the act is not a result of the outcome or of the indexing of one´s moral actions by their universal standard and the duty entailed always to act similarly in similar cases*.

Pellegrino & Thomasma (1993) highlight eight virtues in the medical profession, but those may also apply to other professions: fidelity, compassion, prudence, fairness, strength (or courage), sobriety, integrity and modesty. Among these, prudence is especially relevant since it is the one that makes it possible to place the other virtues in their proper contexts. Prudence is a very useful virtue, for example in interventions with ethnic minorities in articulating different aspects of the individual's autonomy — including also cultural issues— with beneficence or nonmaleficence (Hugman, 2005).

Strength (or courage) is demonstrated, for example, in interventions with individuals infected by HIV or with groups that have basic needs uncovered and where there are not enough available resources. This virtue can also be shown in more common situations, such as publicly claiming that a certain thing does not work properly in our institution (because this action could appear as a lack of loyalty towards the own institution). Fidelity, integrity and prudence are also important virtues.

We would like to finish this brief presentation of the ethics of virtue making a balance of the most positive aspects from our perspective. Virtue ethics stress the need for the cultivation of character of the actor. In *After Virtue,* MacIntyre (1981) also argues that virtues have to be generated out of the community. The work of Louden (1997) represents a good further reading on the issue of the adequacy of applying virtue ethics to moral problems.

The ethical intervention would imply behaving according to certain virtues, among which prudence is especially relevant since it should guide all the interventions. Hugman (2005:113) defines prudence as *the capacity to bring together respect for the autonomy of the individual, including cultural aspects of people´s lives, with beneficence and non-maleficence, sometimes to do so very quickly, and to be able to give a plausible account if called on to do so.*

We agree with the opinion that all those virtues are strongly related with the promotion of participation of users – many authors today refer to this subject – as well as of *empowerment*, i.e. the promotion of the users' abilities and potentials.

Constructionism

Constructionism arouse in the 1980s together with the postmodernism, the crisis of other paradigms and the discussions about the reputed "objectivity" of science. Gadamer (1979) discusses the Aristotelian perspective of the relationship between ethics and knowledge. Apel (1984) thinks that it is possible to build a consensus through open communication and Habermas (1990) explains his concept of "communicative action". Opinions of those authors initially include a lot of discussions about objectivity, subjectivity and relativism in professional ethics. The work of Delanty (1997) is also interesting when studying the contributions of constructionism and critical realism.

The term "construction" comes from the field of sociology, more specifically from Berger and Luckmann (1966), who point to the fact that knowledge and values are built throughout the social processes. Even though what we know and what we assess comes from our subjectivity, it becomes objective when it is shared and experienced as something external by any other individual.

Applied to professional ethics, constructionism represents an interpretative practice, a dialog with the user in order to find out how he/she perceives "his/her" reality, which — for him/her — is "the" reality. Based on constructionism *we set out an intervention as an action that, from within the relationship knot they have built, investigates the situations and problems deconstructing them with the individuals involved in order to build — based on their common system of meanings — the object, and to transform, rebuilding it, a new situation, overcoming the previous one* (Kisnerman, 1998: 229).

Consequently the key of constructionism is to "deconstruct-build-rebuild": first, it is necessary to deconstruct in order to see how the problem has been formed (how a violent situation has emerged between several people, for example); subsequently, it is necessary to understand the meanings that the main actors of intervention are building, to articulate the content that has emerged throughout different discourses of these actors and to understand how they perceive and feel, themselves, this situation. From that basis it will be possible to help the actors of the intervention to rebuild a new situation.

Deconstruction is the first step of intervention. It is the moment when individuals speak about what they have experienced and how they have experienced it. The attitude of the professional has to be comprehension and active listening. Sometimes he/she will have to deconstruct some resistances from users in order to try to build a different kind of discourse. Users, in any case, have to play an active role, since it is them who externalize their problems and also who can create new perspectives to change a specific situation.

Constructionism involves understanding the problems from the user perspective, knowing what is good or correct for them in every situation, as well as achieving their active participation. This does not necessarily lead to a total relativism, but it forces professionals to hear and get the participation of all actors.

Considering the cultural specificities, we may think, for example, that ill-treatment of children is reprehensible everywhere and in any situation. Nevertheless, the reactions of different cultures or communities to this situation may vary greatly. Domestic violence and child abuse are inacceptable, but we can discuss who will intervene and how it should be done, as Azmi (1997) argues.

CONCLUSION

In this paper we have presented two important conceptions of professional ethics: the classical or principlist theories, and some postmodern approaches.

Principlism is based on ethical principles defined and agreed in a way as much universalistic as possible. Professional deontological codes are the most immediate reflection of this approach, in which the main professional duties are defined by means of specific values, principles and rules. There is no doubt about how important it is for professionals to perform according to those basic principles: respect for the autonomous decisions of users, confidentiality, care for users' welfare, etc. In our opinion, it is necessary to define a set of basic ethical values and principles for every profession, but there is also a need to recognize that those are a necessary but not a sufficient condition for a good ethical quality of interventions with users.

In our own understanding of the caring professions, the principlism alone is not enough to achieve a higher ethical quality in social interventions. Professionals also have to consider the very important aspects defined by emergent ethical perspectives of postmodernity: professional and users' emotions, prudence of professionals, social construction of values and meanings, etc. To sum up, these aspects point to the need of further deepening of interactions between individuals and the meanings (not just cognitive, but also emotional) built in the relationship between users and professionals.

The human being is not just pure rationality; it is also emotion, affection. When a user interacts with a professional, the latter does not only apply a number of basic ethical principles from a rational perspective: an emotional reaction arises also between both parties. In professional interventions such as those that take place in professions including health care and "caring for others" professions, those emotional reactions may be even stronger; for that reason it is important that the professionals get an ethical perspective leading them not only to apply the ethical principles in a rational way but also to be able to put themselves in the other

person's position, to take care for the other, to feel compassion for him/her or just to build common meanings with the other person. In conclusion, we have tried to argue that contemporary ethical perspectives have a strong impact, in general, in professional ethics but, in particular, in the ethics of the caring professions.

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ETIČKE TEORIJE U POMAŽUĆIM PROFESIJAMA

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