

Ethical Practice in a Post-*Roe* World: A Guide for Social Workers

Frederic G. Reamer

On June 24, 2022, the U.S. Supreme Court voted to overturn *Roe v. Wade*, concluding that the Constitution of the United States does not confer a right to abortion. The court's decision in *Dobbs* immediately introduced challenging ethical issues for social workers who serve people who become pregnant. Key questions concern social workers' ability to protect clients' privacy and confidentiality, documentation protocols, and client abandonment. In addition, social workers must be concerned about the possibility that they are at risk of being named in licensing board and ethics complaints, lawsuits, and criminal court indictments because of their work with people who seek abortion-related information and services. The purpose of this article is to provide an overview of the *Dobbs* decision; discuss compelling ethical issues facing social workers who work with people who seek reproductive health information and services; present guidelines to assist social workers who face ethical dilemmas related to reproductive health services; and highlight the critical importance of ethics-informed social work advocacy related to reproductive health.

KEY WORDS: *abortion; ethics; licensure; malpractice; reproductive rights*

On June 24, 2022, the U.S. Supreme Court voted to overturn *Roe v. Wade* (1973), concluding that the Constitution of the United States does not confer a right to abortion. The case that led to this decision, *Dobbs v. Jackson Women's Health Organization* (2022), concerned the constitutionality of a Mississippi state law prohibiting abortions after the 15th week of pregnancy except in cases of medical emergencies or fetal abnormalities. A key question before the court was whether all previability prohibitions on elective abortions are unconstitutional.

The Supreme Court's decision in *Dobbs* swiftly introduced a series of vexing ethical issues for social workers who serve people who become pregnant. Key questions concern social workers' documentation protocols, client abandonment, and ability to protect clients' privacy and confidentiality. In addition to social workers' ethical concerns about protecting clients, we must also be concerned about the possibility that as practitioners we are at risk of being named in licensing board and ethics complaints, lawsuits, and criminal court indictments because of work with people who seek abortion-related information and services.

The purpose of this article is to provide an overview of the *Dobbs* decision; discuss compelling ethical issues facing social workers who work with

people who seek reproductive health information and services; present guidelines to assist social workers who face ethical dilemmas related to reproductive health services; and highlight the critical importance of ethics-informed social work advocacy related to reproductive health.

FROM *ROE* TO *DOBBS*

Roe v. Wade was a 1973 U.S. Supreme Court decision on abortion rights. "Jane Roe," an unmarried pregnant woman, filed suit on behalf of herself and others to challenge Texas abortion laws. At the time, abortion was illegal in Texas unless it was performed to save the mother's life. It was a crime to get an abortion or to attempt one (Ziegler, 2020).

In *Roe v. Wade*, the court concluded that abortion falls under an individual's privacy rights. The constitutional right to privacy comes from the Due Process Clause of the Fourteenth Amendment. In *Roe v. Wade* the court decided that this right to privacy extends to control over pregnancy. The justices acknowledged that being forced to continue a pregnancy can cause problems related to physical health, mental health, finances, and social stigma. *Roe v. Wade* was the law of the land until the court rendered its 2022 ruling in *Dobbs*.

As a precursor to the *Dobbs* decision, on March 19, 2018, Mississippi enacted the Gestational Age

Act into state law. This law prohibited abortions after the 15th week of pregnancy except in cases of medical emergencies or fetal abnormalities. On the day the law was enacted, Jackson Women's Health Organization, the only licensed abortion facility in Mississippi, challenged the law's constitutionality in U.S. district court and requested an emergency temporary restraining order to block the law's enforcement. The Southern District of Mississippi granted summary judgment in favor of the clinic, ruling that the state law was unconstitutional because viability marks the earliest point at which the state's interest in fetal life is constitutionally adequate to justify a legislative ban on nontherapeutic abortions. Mississippi Department of Health state health officer Thomas Dobbs, in his official capacity, appealed to the U.S. Court of Appeals for the 5th Circuit. The circuit court affirmed the Southern District of Mississippi's ruling, holding that the state law was unconstitutional (Tolentino, 2022).

Mississippi appealed to the Supreme Court. The petition asserted that fetuses can detect pain and respond to it at 10–12 weeks gestational age, and asked the court to allow the prohibition of “inhumane procedures.” The petition also contended that the viability standard inadequately addresses the protection of potential human life.

Immediately after the Supreme Court's decision in *Dobbs* was released, social workers throughout the nation began wrestling with complex ethical issues concerning protection of clients' confidentiality, documentation protocols, and client abandonment. Social workers also became concerned about their own exposure to possible litigation, licensing board complaints, and criminal charges associated with their delivery of services to people related to abortion. Strict laws in states such as Texas, Idaho, and Indiana that criminalize abortion and place in jeopardy anyone who attempts or assists with abortion are particularly relevant to social workers who assist pregnant people. Other states continue to permit abortion as an option (Kitchener et al., 2022). I will consider these issues in turn, applying current social work ethics standards.

PROTECTING CLIENT CONFIDENTIALITY

Research indicates that most social workers are pro-choice on the issue of abortion, although some social workers oppose abortion (Rainford & Thyer, 2019; Sheridan, 2019; Smith, 2017;

Witt et al., 2019). National Association of Social Workers (NASW, 2021) issued a policy statement regarding the profession's stance on reproductive justice:

As social workers, we support the right of individuals to decide for themselves, without duress and according to their own personal beliefs and convictions, when they want to become parents, if they want to become parents, how many children they are willing and able to nurture and support, the opportune time for them to have children, and with whom they choose to parent. (p. 275)

Whatever social workers' personal beliefs are about abortion, they have a fundamental duty to protect clients' privacy and confidentiality, with some exceptions. According to the NASW (2021) *Code of Ethics*, “Social workers should respect clients' right to privacy” (standard 1.07[a]). Protecting clients' privacy can be particularly challenging in states where, as a result of the *Dobbs* decision, people who are pregnant may violate criminal statutes if they seek abortion services (Barsky, 2022). Aggressive prosecutors may seek information maintained by both clients and social workers, including electronically stored information (ESI). Further, social workers' confidential case records may be subpoenaed because of their association with abortion-related services.

ESI maintained by social workers and clients is likely to be particularly relevant in investigations and litigation arising out of abortion-related services. According to the Federal Rules of Civil Procedure (Yeazell et al., 2022), ESI is defined as any documents or information that are stored in electronic form. Examples of ESI that may emerge in social work include voicemail messages, call logs, emails and their attachments, text and instant messages, social media postings, word processing documents, spreadsheets, digital photographs, videos, communications conducted in ephemeral messaging applications (e.g., Snapchat) or in workplace collaboration tools, information stored in databases, and electronic records of online activity (digital trails). ESI may be stored on and retrieved from many sources, including computer hard drives; organizations' network servers; thumb (USB) drives; databases; the cloud; mobile devices, such as smartphones and tablet computers; and so

cial media websites, such as Facebook, Twitter, and LinkedIn (Yeazell et al., 2022).

ESI related to abortion that might expose clients and social workers to confidentiality risks can be created in diverse ways. For example, a client with a GPS-enabled smartphone with geolocation software may provide digital documentation of having visited an abortion clinic or a social worker's office in a healthcare organization to discuss an abortion decision. A client or social worker who searches online for abortion-related information services also creates a digital trail. Text (SMS) and email communications about abortion between clients and social workers, voicemail messages, credit card records for abortion-related services, and smartphone apps (for example, apps that enable pregnant people to record menstruation data) can provide prosecutors with evidence. Further, smartphone data documenting a pregnant person's geographic location can be problematic if it is sold by a "location data broker," an individual or organization who aggregates digital information from a variety of sources and shares it with other organizations (Zakrzewski et al., 2022). According to Cox (2022):

A location data firm is selling information related to visits to clinics that provide abortions including Planned Parenthood facilities, showing where groups of people visiting the locations came from, how long they stayed there, and where they then went afterwards. (para. 1)

It is essential that social workers fully understand the relevance of legal and ethics guidelines concerning client confidentiality associated with reproductive health services. The implications of the [1996 Health Insurance Portability and Accountability Act](#) (HIPAA) are key. Most social workers who provide clinical services to pregnant people who wish to discuss or seek abortion-related services are governed by HIPAA. HIPAA and its regulations require that personal health information be kept confidential. Failure to comply can result in civil and criminal penalties. Protected health information (PHI) includes information about a client's health, healthcare, or payment for healthcare that identifies a person and is created or received by a covered healthcare provider. The term *health* includes behavioral health (Herold & Beaver, 2015).

Ordinarily, PHI may not be disclosed by a "covered entity," such as a social worker, without the informed and voluntary written consent or authorization of the client. Disclosure of confidential information must be limited to the minimum amount necessary for the purposes of the disclosure.

Several exceptions under HIPAA permit disclosure of social work clients' PHI without client consent or authorization. Examples include disclosures required by law; disclosures for public health activities (such as reporting diseases, collecting vital statistics); disclosure about victims of abuse, neglect, or domestic violence; disclosures for judicial or administrative proceedings; disclosures for law enforcement purposes; and disclosures to prevent a serious threat to health or safety (Herold & Beaver, 2015; U.S. Department of Health and Human Services, 2021).

Consider a situation in which law enforcement officials contact a social worker seeking information about a client who allegedly sought abortion services illegally. Under HIPAA, social workers are *permitted* but not *required* to disclose a client's PHI to law enforcement if the provider believes it is necessary to prevent or lessen a serious and imminent threat to health or safety (Herold & Beaver, 2015).

Importantly, the federal Office for Civil Rights (OCR), which administers and enforces HIPAA, recently issued guidance regarding disclosure of PHI relating to reproductive healthcare (U.S. Department of Health and Human Services, 2022). According to the OCR, disclosure of information to law enforcement officials would be inconsistent with professional ethical standards as it compromises the integrity of the client-professional relationship and may increase the risk of harm to the client. In its advisory, the OCR includes the following hypothetical scenarios (which I have adapted) and guidance instructive for social workers:

- A pregnant person is rushed to a hospital by ambulance while experiencing a miscarriage during the 10th week of pregnancy. A hospital nurse thinks the patient may have taken medication to end the pregnancy. State law prohibits abortion after six weeks of pregnancy but does not require the hospital to report individuals to law enforcement. According to the

OCR, HIPAA would not permit a disclosure to law enforcement.

- A police detective goes to a reproductive healthcare clinic and requests records, including PHI, of abortions performed at the clinic. According to the OCR, if the request is not accompanied by a court order or other mandate enforceable in a court of law, HIPAA would not permit clinic personnel to disclose PHI in response to the request.
- A pregnant person who resides in a state that has banned abortion informs their doctor that they intend to seek an abortion in another state where abortion is legal. The doctor, who opposes abortion, wants to report the statement to law enforcement officials to attempt to prevent the abortion. According to the OCR, HIPAA would not permit this disclosure of PHI to law enforcement.

Social workers should also be cognizant of key confidentiality standards in the [NASW \(2021\) Code of Ethics](#) that are relevant to their responses to law enforcement officials' requests for confidential information about abortion-related services; these code standards are consistent with the federal OCR's guidelines. In general, social workers must protect clients' confidential information and are not permitted to disclose it without consent. There are exceptions. As the *Code of Ethics* states:

Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or others. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed. (Standard 1.07[c])

Importantly, some states have recently enacted laws to protect pregnant people and practitioners, including social workers, who are at risk of exposure to law enforcement queries and prosecution in relation to abortion; social workers should be familiar with

them. For example, in 2022 Connecticut governor, Ned Lamont, signed the Reproductive Freedom Defense Act into law, which protects individuals accused of seeking or providing reproductive healthcare in Connecticut from extradition to states that criminalize it, and prohibits state agencies and healthcare providers from assisting in investigations or prosecutions from other states for reproductive healthcare that is legal in Connecticut ([Yergeau, 2022](#)). North Carolina governor, Roy Cooper, signed an executive order protecting out-of-state abortion patients from extradition and prohibiting state agencies under his control from assisting other states' prosecutions of pregnant people who travel to North Carolina for an abortion ([Vaughan, 2022](#)). Other governors have taken similar action ([McDermott et al., 2022](#)).

DOCUMENTATION DECISIONS

Given the possibility that prosecutors and other parties whose interests are adversarial to social workers and their clients may seek social workers' records for incriminating evidence, practitioners must be particularly scrupulous about their documentation. Documenting explicitly that a client and social worker discussed abortion could place both parties in harm's way ([Barsky, 2022](#)). Consistent with social work documentation protocols ([Reamer, 2015](#); [Sidell, 2015](#)), this is an instance when social workers may be well advised to record notes using vague language (e.g., "Discussed a health issue" or "Discussed an important health decision").

Some social workers may choose to record more detailed information about their abortion-related discussions in a separate section of the clinical record labeled "psychotherapy notes," to provide the notes with greater protection. HIPAA regulations provide extra protection for so-called *psychotherapy notes*, which the law defines as notes recorded by a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated (physically or electronically) from the rest of the individual's medical record ([Herold & Beaver, 2015](#)).

Typically, social workers are not required to release or disclose psychotherapy notes in response to a routine records request by a client or third party. Even clients themselves are not entitled to access social workers' psychotherapy notes, although social workers may choose to share them with clients. However, even though psychotherapy notes enjoy special protection

under HIPAA, it is still possible that these notes might be subpoenaed (that is, a judge might order their disclosure; Herold & Beaver, 2015; Reamer, 2015).

Unique documentation challenges arise when social workers' clients are pregnant minors who wish to discuss abortion as an option. Hypothetically, the minor's parents may ask the social worker for a copy of the clinical record. This can occur, for example, when the parents suspect that their child is pregnant and seek information from the social worker to confirm their suspicion. Social workers who serve minors must understand that HIPAA generally allows a parent to have access to the healthcare records about their child, as their minor child's personal representative, when such access is not inconsistent with state or other law.

There are three situations when the parent would not be the minor's personal representative under HIPAA regulations: (1) when the minor is the one who has the authority to consent to care and the consent of the parent is not required under state or other applicable law; (2) when the minor obtains care at the direction of a court or a person appointed by the court; and (3) when, and to the extent that, the parent agrees that the minor and the healthcare provider may have a confidential relationship (Herold & Beaver, 2015).

However, even in these exceptional situations, a parent may have access to the social worker's records concerning their minor child when state or other applicable law requires or permits such parental access. Parental access would be denied when state or other law prohibits such access. If state or other applicable law is silent on a parent's right of access in these cases, the social worker may exercise their professional judgment to the extent allowed by law to grant or deny parental access to the minor's healthcare information. Also, a social worker may choose not to treat a parent as a personal representative when the practitioner reasonably believes, in their professional judgment, that the child has been or may be subjected to domestic violence, abuse, or neglect, or that treating the parent as the child's personal representative could endanger the child (Herold & Beaver, 2015).

Unique challenges arise when a pregnant minor client is receiving federally assisted substance use disorder treatment services from a social worker. In these instances, social workers must be cognizant of very strict guidelines in federal regulation 42 CFR Part 2 (Confidentiality of Substance Use

Disorder Patient Records, 2020) regarding disclosure of minors' confidential information to parents or guardians. These regulations are much stricter than HIPAA provisions.

Federal regulation 42 CFR Part 2 broadly protects the confidentiality of the records of federally assisted substance use disorder treatment programs. Disclosures are permitted only in a narrow range of circumstances set forth in this detailed federal regulation. One section (§2.14) of 42 CFR Part 2 refers explicitly to minor clients' confidentiality rights. According to the regulation, if a minor client has the legal authority under the relevant state law to apply for and obtain substance use disorder treatment, any written consent for disclosure may be given only by the minor client (Fisher, 2016).

PREVENTING CLIENT ABANDONMENT

Social workers in healthcare clinics, behavioral health agencies, and private practice who serve pregnant clients may encounter other ethical issues pertaining to (a) refusing to serve *prospective* clients who seek abortion-related information or services, and (b) terminating services to *current* clients who seek abortion-related information or services. Some social workers may decline to serve pregnant people who seek abortion-related information or services as a matter of conscience or religious belief. Social workers generally have a right to decline to serve individuals when believing themselves not to be able to meet the client's needs. In these instances, social workers may refer the prospective client to another practitioner.

If social workers choose to terminate services to a current client, they have an ethical duty to comply with relevant NASW *Code of Ethics* standards pertaining to service termination and referral. This might occur if client's and social worker's opinions about abortion conflict and social worker does not believe they can properly assist the client. Specifically:

Social workers should terminate services to clients and professional relationships with them when such services and relationships . . . no longer serve the clients' needs or interests. (Standard 1.17[a])

Social workers should take reasonable steps to avoid abandoning clients who are still in need of services. Social workers should withdraw services precipitously only under unusual circum-

stances, giving careful consideration to all factors in the situation and taking care to minimize possible adverse effects. Social workers should assist in making appropriate arrangements for continuation of services when necessary. (Standard 1.17[b])

Social workers should refer clients to other professionals when the other professionals' specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that other services are required. (Standard 1.16[a])

Social workers who refer clients to other professionals should take appropriate steps to facilitate an orderly transfer of responsibility. (Standard 1.16[b])

Social workers should be especially cognizant of the ways in which their decisions about providing reproductive health services may affect persistent and harmful healthcare disparities and inequities. Limiting abortion access may have a disproportionate impact on low-income pregnant people and ethnic minorities (Artiga et al., 2022).

RISK MANAGEMENT

Because of the U.S. Supreme Court's decision in *Dobbs* and various states' laws that consider abortion illegal, social workers must also take steps to protect themselves from possible criminal prosecution, civil litigation, and licensing board complaints, in addition to protecting clients. Thus, social workers should be familiar with prominent ethics-related risk management protocols and guidelines.

Risk management is a broad term that refers to efforts to protect clients, practitioners, supervisors, and employers (Carroll, 2011). Risk management involving social workers primarily includes the prevention of lawsuits and licensing board complaints. This risk management also includes prevention of ethics complaints filed with national professional associations, such as NASW, and prevention of criminal charges.

Hypothetically, for example, a social worker who provides abortion-related information to a minor client, contrary to their parents' wishes, could be sued by the child's parents or named in a

complaint filed by the parents with NASW or the social worker's state licensing board. Lawsuits allege professional malpractice; licensing board complaints allege violation of standards of practice set forth in licensing laws and regulations. Ethics complaints filed with NASW allege violation of the NASW *Code of Ethics*.

Lawsuits can result in monetary judgments against social workers; licensing board complaints can result in a range of sanctions, such as probation, mandated supervision and continuing education, and license suspension or revocation, among others. Complaints filed against NASW members can result in various types of corrective action or sanctions. This may include mandated training, supervision, consultation, reprimand, membership termination, and notification of licensing boards and malpractice insurers, among other options.

Professional malpractice is generally considered a form of negligence. Negligence applies to professionals who are required to perform in a manner consistent with the legal concept of the standard of care in the profession, which is generally defined as the way a reasonable and prudent professional should have acted under the same or similar circumstances (Barsky, 2019; Hartsell & Bernstein, 2013; Reamer, 2015). Malpractice in social work usually is the result of a practitioner's active violation of a client's rights (in legal terms, acts of commission, misfeasance, or malfeasance), such as disclosing client's confidential information related to abortion services without authorization, or a practitioner's failure to perform certain duties (known as acts of omission or nonfeasance), such as failing to protect a pregnant minor client from harm if the client discloses plans to induce an abortion based on information the client obtained from an anonymous source's Twitter post. Lawsuits might include allegations that a social worker was negligent in their delivery of abortion-related counseling to a minor client in light of requirements embedded in federal and state law.

Lawsuits filed against social workers that allege malpractice are civil suits (in contrast to criminal proceedings). Ordinarily civil suits are based on tort or contract law, with plaintiffs (the individuals bringing the suit) seeking some form of redress for injuries that they claim to have incurred (Michaud, 2014). These injuries may be economic (e.g., costs incurred by the minor client's parents to care for their child who allegedly was harmed emotionally

as a result of a social worker's abortion-related counseling); physical (e.g., resulting from an abortion attempt); or emotional (e.g., a client's depression or anxiety associated with an abortion).

A number of healthcare providers, including social workers, have voiced concerns about possible criminal prosecution if they provide services to pregnant people who seek information about abortion or abortion services. While penalties vary, some states now have laws that would charge providers of abortion-related services with some class of felony crimes, with punishments that include fines, prison time, and revocation of professional licenses (Ali, 2022). Social workers who collaborate with practitioners and programs that offer abortion services could be at risk. Fortunately, since the *Dobbs* decision was handed down a significant number of prosecutors have announced that they will not enforce laws that criminalize abortion (Goodman & Healy, 2022).

To protect themselves, concerned social workers would be wise to engage in several key steps when making ethical decisions about their delivery of abortion-related services (Barsky, 2019; Hartsell & Bernstein, 2013; Reamer, 2015, 2018). First, social workers who face difficult or complicated decisions about delivery of abortion-related services should consult colleagues who have specialized knowledge or expertise related to the issues at hand. Practitioners in independent (private) practice can reach out to peer consultation groups. Social workers employed in settings that have ethics committees (committees that provide staff with a forum for consultation on difficult cases) should take advantage of this form of consultation when they face complicated ethical issues. NASW members can consult the national Office of Ethics and Professional Review or their local NASW chapter's ethics resources. In some instances, social workers' malpractice insurers may provide valuable consultation. Social workers who are sued or who have licensing board complaints filed against them can help demonstrate their competent decision-making skills by showing that they sought consultation.

Second, social workers in agency-based settings should seek supervision about the abortion-related dilemma. Supervisors may be able to help navigate complicated ethical issues related to clients' reproductive health challenges. Social workers who are sued or named in ethics complaints can help dem-

onstrate their competent decision-making skills by showing that they sought supervision.

Third, social workers should review and apply relevant standards in the NASW *Code of Ethics* and ethics standards embedded in their licensing laws, especially standards related to privacy, confidentiality, documentation, consultation, referral, and termination of services. They should also review federal and state laws related to reproductive rights.

Fourth, ideally social workers should consult reputable literature related to their ethical dilemma concerning clients' reproductive health services and choices. In particular, social workers should review literature related to ethical decision making, protection of clients' privacy and confidentiality, documentation, consultation, referral, and termination of services. If social workers are not able to access this literature, they should consult with experts who are familiar with this literature.

Fifth, social workers may need to seek legal advice about their involvement in abortion-related counseling and service delivery. In addition to benefiting from a skilled lawyer's knowledge and expertise, the fact that the social worker took the time to obtain legal consultation can provide additional evidence of having made conscientious, diligent efforts to handle the situation professionally. Consultation with lawyers familiar with behavioral healthcare law and risk management, especially related to reproductive health, as opposed to lawyers who are general practitioners or who specialize in other areas of the law, can be extraordinarily helpful.

Sixth, social workers who face ethical dilemmas related to abortion should document the steps they took to address the issues. In the context of a lawsuit, licensing board complaint, ethics complaint, or criminal court proceeding, careful documentation can provide evidence that a social worker obtained consultation; reviewed relevant laws, ethical standards, and professional literature; responded appropriately to a client's request for services; managed confidential information ethically; or managed termination of services competently and ethically.

CONCLUSION

The U.S. Supreme Court's decision in *Dobbs* has fundamentally altered the landscape for social workers who serve pregnant people. As a result of this ruling, many social workers now face complex

ethical decisions about whether and how best to serve individuals who face reproductive health decisions and seek reproductive health services. Key questions concern social workers' ability to protect clients' confidentiality, documentation, and client abandonment.

To protect clients and themselves, social workers should be familiar with and implement prominent ethics-based risk management protocols and guidelines. Specifically, social workers should understand the critical role of consultation and supervision; the relevance of NASW *Code of Ethics* standards, pertinent federal and state laws, and social work practice standards and literature; the role of legal consultation; and the importance of skilled documentation.

Social workers have always recognized their duty to assist vulnerable clients. The implications of *Dobbs* have placed some social workers on the horns of a dilemma, where they must balance potentially conflicting duties related to clients' interests, compliance with legal and ethical standards, and one's own interests. When such conflicts arise, social workers should aim primarily to meet the needs of vulnerable clients, honoring the venerable language in the NASW *Code of Ethics*: "Social workers elevate service to others above self-interest" (p. 5).

Further, social workers have a moral duty to engage in purposeful social action to challenge national and state reproductive health policies that endanger clients. This may include partnering with pregnant people and their allies, NASW (at the national and chapter levels), and local advocacy organizations that advance the cause of pregnant people's rights. Among the helping professions, social work is unique in its explicit emphasis on social justice issues as a keystone in its code of ethics:

A historic and defining feature of social work is the profession's dual focus on individual well-being in a social context and the well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living. Social workers promote social justice and social change with and on behalf of clients. (p. 1) **SW**

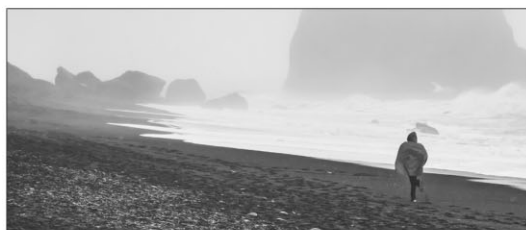
REFERENCES

- Ali, S. (2022, June 24). *Prosecutors in states where abortion is now illegal could begin building criminal cases against providers*. NBC News. <https://www.nbcnews.com/news/us-news/prosecutors-states-abortion-now-illegal-begin-prosecute-abortion-provi-rcna35268>
- Artiga, S., Hill, L., Ranji, U., & Gomez, I. (2022, July 15). *What are the implications of the overturning of Roe v. Wade for racial disparities?* Kaiser Family Foundation. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/what-are-the-implications-of-the-overturning-of-roe-v-wade-for-racial-disparities/>
- Barsky, A. (2019). *Ethics and values in social work: An integrated approach for a comprehensive curriculum* (2nd ed.). Oxford University Press.
- Barsky, A. (2022, September). Abortion care and social work after *Dobbs*. *New Social Worker*. <https://www.socialworker.com/feature-articles/ethics-articles/abortion-care-social-work-after-dobbs/>
- Carroll, R. (Ed.). (2011). *Risk management handbook for healthcare organizations*. Wiley.
- Confidentiality of Substance Use Disorder Patient Records, 45 C.F.R. Part 2 (2020).
- Cox, J. (2022, May 3). *Data broker is selling location data of people who visit abortion clinics*. Vice. <https://www.vice.com/en/article/m7vzjb/location-data-abortion-clinics-safegraph-planned-parenthood>
- Dobbs v. Jackson Women's Health Organization*, 597 U.S. ____ (2022). <https://www.oyez.org/cases/2021/19-1392>
- Fisher, M. (2016). *Confidentiality limits in psychotherapy: Ethics checklists for mental health professionals*. American Psychological Association.
- Goodman, J., & Healy, J. (2022, June 29). In states banning abortion, a growing rift over enforcement. *New York Times*. <https://www.nytimes.com/2022/06/29/us/abortion-enforcement-prosecutors.html>
- Hartsell, T., & Bernstein, B. (2013). *The portable lawyer for mental health professionals: An A-Z guide to protecting your clients, your practice, and yourself* (3rd ed.). Wiley.
- Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, 110 Stat. 1936 (August 21, 1996).
- Herold, R., & Beaver, K. (2015). *The practical guide to HIPAA privacy and security compliance* (2nd ed.). CRC Press.
- Kitchener, C., Schaul, K., Kirkpatrick, N., Santamarina, D., & Tierney, L. (2022, August 16). Abortion is now banned in these states. See where laws have changed. *Washington Post*. <https://www.washingtonpost.com/politics/2022/06/24/abortion-state-laws-criminalization-ro/>
- McDermott, J., Mulvihill, G., & Schoenbaum, H. (2022, July 6). States move to protect abortion from prosecutions elsewhere. *Washington Post*. https://www.washingtonpost.com/politics/states-move-to-protect-abortion-from-prosecutions-elsewhere/2022/07/06/2c398ba4-fd6a-11ec-b39d-71309168014b_story.html
- Michaud, H. (2014). *Tort law: Concepts and applications* (2nd ed.). Pearson.
- National Association of Social Workers. (2021). Reproductive justice. In *Social Work Speaks: National Association of Social Workers Policy Statements 2021–2023* (12th ed.; pp. 269–281). NASW Press.
- National Association of Social Workers. (2021). *Code of ethics of the National Association of Social Workers*. Author.

- Rainford, W., & Thyer, B. (2019). Social work's first obligation: The role of social workers in protecting unborn children. In S. Marson & R. McKinney (Eds.), *The Routledge handbook of social work ethics and values* (pp. 109–116). Routledge.
- Reamer, F. (2015). *Risk management in social work: Preventing professional malpractice, liability, and disciplinary action*. Columbia University Press.
- Reamer, F. (2018). *Ethical standards in social work: A review of the NASW Code of Ethics* (3rd ed.). NASW Press.
- Roe v. Wade, 410 U.S. 113 (1973). <https://www.oyez.org/cases/1971/70-18>
- Sheridan, M. (2019). Mercy or murder: Social work and ambivalence over abortion. In S. Marson & R. McKinney (Eds.), *The Routledge handbook of social work ethics and values* (pp. 117–123). Routledge.
- Sidell, N. (2015). *Social work documentation* (2nd ed.). NASW Press.
- Smith, B. (2017). Reproductive justice: A policy window for social work advocacy. *Social Work*, 62, 221–226.
- Tolentino, J. (2022, July 4). We're not going back to the time before Roe. We're going somewhere worse. *New Yorker*. <https://www.newyorker.com/magazine/2022/07/04/we-are-not-going-back-to-the-time-before-ro-e-we-are-going-somewhere-worse>
- U.S. Department of Health and Human Services. (2021). *HIPAA for professionals*. <https://www.hhs.gov/hipaa/for-professionals/index.html>
- U.S. Department of Health and Human Services. (2022). *HIPAA and reproductive health*. <https://www.hhs.gov/hipaa/for-professionals/special-topics/reproductive-health/index.html>
- Vaughan, D. (2022, July 6). Cooper moves to protect abortion access in NC, including for travelers from out of state. *News & Observer*. <https://www.newsobserver.com/news/politics-government/article263196033.html>
- Witt, H., Younes, M., Hyatt, E., Franklin, C., & Younes, M. (2019). Self-determination and abortion access: A pro-choice perspective on the International Statement of Ethical Principles. In S. Marson & R. McKinney (Eds.), *The Routledge handbook of social work ethics and values* (pp. 101–108). Routledge.
- Yeazell, S., Schwartz, J., & Carroll, M. (2022). *Federal rules of civil procedure with selected statutes, cases, and other materials*. Aspen.
- Yergeau, T. (2022, May 5). *Governor Lamont signs Reproductive Freedom Defense Act into law*. Planned Parenthood. <https://www.plannedparenthood.org/planned-parenthood-southern-new-england/newsroom/governor-lamont-signs-reproductive-freedom-defense-act-into-law>
- Zakrzewski, C., Verma, P., & Parker, Z. (2022, July 3). Texts, web searches about abortion have been used to prosecute women. *Washington Post*. <https://www.washingtonpost.com/technology/2022/07/03/abortion-data-privacy-prosecution/>
- Ziegler, M. (2020). *Abortion and the law in America: Roe v. Wade to the present*. Cambridge University Press.

Frederic G. Reamer, PhD, is professor, School of Social Work, Rhode Island College, 600 Mt. Pleasant Avenue, Providence, RI 02908, USA; email: freamer@ric.edu.

Original manuscript received July 3, 2022
Final revision received September 6, 2022
Editorial decision September 23, 2022
Accepted December 12, 2022
Advance Access Publication February 2, 2023



MORAL DISTRESS AND INJURY IN HUMAN SERVICES

Cases, Causes, and Strategies for Prevention

FREDERIC G. REAMER

In this one-of-a-kind book, Frederic G. Reamer, the social work profession's foremost ethics expert, provides guidance to social workers and related professionals who grapple with these unwanted and unnerving situations and their aftermath, and inspires social workers to advocate for much-needed organizational and policy changes to prevent harm. Drawing on decades of first-hand experience, Dr. Reamer discusses moral distress, injury, and demoralization; the symptoms that can manifest; prevention, self-care, and resilience; legal and ethical obligations, including what it means to be a whistleblower; and how to develop moral courage.

Through extensive and relatable case studies, Dr. Reamer illustrates the myriad ethical dilemmas that most social workers will face in their careers and provides practical exercises and actionable solutions. This informative, enlightening, and inspiring book offers those who are struggling the guidance and fortitude to make the right decisions, and to strengthen themselves and their profession.

ISBN: 978-0-87101-560-0 • 2021
Item #5600 • 196 pages • 1-800-227-3590
www.naswpress.org


NASW PRESS

 **NASW**
National Association of Social Workers

CODE# APMDI20