



# Moving from and Returning to the Edge

## Duty and Decision (10)

This is the last blog in this series. Previous blogs have explored decisions about duty. One way of thinking about these decisions is how best to support the community to manage foreseeable harm or impacts on wellbeing. This includes weighing up the relative risks of becoming or not becoming more proximal to members of the community who are at risk or impacted.

This blog starts by considering situations in which a practitioner might justifiably decide not to enter a person's circle. These include the following:

**Absence or Balance of Risk** – Current impacts and foreseeable risks can currently be managed by proximal supports, and/or moving more proximal would have detrimental impacts that outweigh potential beneficial effects on risk and impacts.



Please note that even when triage indicates the absence of foreseeable harm to an identified individual, and the practitioner makes the decision to remain on the edge they still have a duty. In these instances, their duty is to focus on the general risk of the population - deciding how to do the most good and least harm for the most people. This might be through health promotion, equipping the public and other professionals to manage their wellbeing, informing commissioners and policy makers about population risks and effective ways of addressing these risks.

**Outside Scope of Practice** – There will be times when a foreseeable risk or impact falls outside of the scope of practice or a professional or their service. In this situation their duty is to support the requestor and signpost them to more relevant source of help.



**Inadequate Resources** – There may be times where a foreseeable risk falls within scope, but the practitioner or team do not have the resources available to address this risk. Having identified the risk or impact the practitioner has a duty to escalate this unmet need to the Health Board.

**Code of Ethics** – there may be situations where there is foreseeable risk that falls within scope and resources but that it is still not appropriate for the practitioner to accept a duty of care because of the requirements of their professional code of ethics and practice. For instance, codes of practice refer to the importance of observing appropriate boundaries and avoiding situations where they may be a conflict of interest.

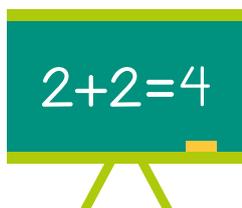
This blog ends by highlighting three final points.



The first is that practitioners have a duty to ensure that any unmet risk is handed over once they have decided to move out of someone's circle of support. This requires them to evaluate whether they have had a positive impact on risk.



The second is that duty is less about acting and more about the reasoning behind this action.



The last point is to highlight the importance of ensuring that your reasoning is well documented – your notes should not only focus on what was done but why. As I'm sure your math teacher told you – “always show your workings”!