

Ethical Dilemmas of Medical Social Workers in Dual Relationships and Countermeasures

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Abstract

As a profession with strong values, the professional values and ethics of social work provide the soul of social work profession. Medical social work, as a special field of social work, is a social work practice that applies the professional methods and values of social work to the field of medical services. In the process of providing services to patients, their families and medical staff, medical social workers must not only protect the development of hospitals, but also put the interests of patients first. Therefore, medical social workers not only face the problems of dual identity as hospital workers and medical social workers, but also the conflicts between professional and non-professional relationships when dealing with patients and their families. Therefore, on the premise of analyzing the ethical dilemmas of medical social work under the influence of Chinese local culture, this paper analyzes the importance of maintaining professionalism and avoiding personal values and emotions in the service process, and discusses the strategies that local medical social workers can adopt to cope with the ethical dilemmas of dual relationships.

Keywords

Medical Social; Work Ethical Dilemma; Dual Relationship.

1. Introduction

1.1. Purpose and Significance of the Study

1.1.1. Purpose

Social work is a profession that deals with people. Although social work has its own methods, theories and skills, it is different from other technical professions. It cannot be limited to solving problems or developing techniques, but must take into account all aspects of people, including themselves and their environment. However, people and their environments are very complex and changing. As a result, social workers often face dilemmas and problems in social work. One of these dilemmas is the ethical dilemma. Ethical dilemmas are a serious challenge for social workers and an important criterion for evaluating the competence of social workers in practice. The ability to resolve ethical dilemmas in practice is critical to the smooth functioning of the work process and the achievement of goals. This process also affects the status and authority of social workers and their practitioners in the public sphere. Because medical social work is integrated into the health sector, it follows, to some extent, the norms and rules of the health sector and has some special characteristics compared to other social services. Therefore, attitudes and responses to ethical dilemmas in medical social work determine the extent to which medical social work is integrated into the health care system.

In medical social work, social workers use their social work knowledge and methods to assess and treat the social and psychological problems of patients. In collaboration with members of the health care team, they help patients and their families overcome obstacles in the medical process. It can help patients recover their physical and mental health, address the various social problems caused by illness, and promote public health. In practice, however, there is a pressing

need to address ethical issues in medical social work in order to promote its own development. Ethical dilemma is a major issue in the whole process of medical social work. The ethical dilemma is a major issue in the whole process of medical social work. The ability to effectively address this issue is the most effective measure of the professional competence of medical social workers. Whether or not medical social workers can effectively address ethical dilemmas will directly affect the intervention model, service approach, service goals, and the effectiveness of medical social work practice.

If ethical issues are not addressed, social workers will not be able to effectively implement established work practices, provide excellent services, and achieve desired goals, and the integration of work with the health care system will be hindered. Therefore, the study and resolution of ethical dilemmas in medical social work is important for the healthy development of medical social work. The ethical dilemma arising from the dual relationship is one of the main difficulties of ethical dilemmas in medical social work. This paper attempts to discuss the ethical problems of dual relationships that medical social workers often encounter in their practice and proposes corresponding suggestions to promote the development of medical social work.

1.1.2. Significance

(1) Theoretical Significance

Both in China and abroad, from research and practical experience, ethical issues have been throughout the whole process of medical social activities and other fields of social work, so it is very necessary to study the ethical dilemmas of medical social work. As a profession with a strong moral character, social work insists on helping people to help themselves, is guided by altruism, and takes social justice as its responsibility, so ethical and moral issues occupy a very important place in the profession. In the field of medical social work, due to its own development, there are still many problems and many studies on the ethical issues of medical social work are still in the initial stage. The discussion of a more specific ethical issue and countermeasures here can provide reference for medical social work practitioners to deal with specific ethical dilemmas, and also propose a more suitable response model for local medical social work through localization of ethical issues and response strategies, which is of reference significance for improving the ethical dilemmas of medical social work in the face of dual relationships.

(2) Realistic Meaning

The slightest laxity in dealing with ethical issues can prevent social workers from continuing to provide services, follow established work procedures, achieve desired goals, and make it difficult to integrate their work into the health care system, thereby affecting social recognition and support for social work and the professional identity of social workers. Therefore, the study and resolution of ethical dilemmas in medical social work is crucial to the healthy development of medical social work. In medical social work, there are two main types of issues for social workers: technical issues and issues related to values and ethics. Technical issues are relatively objective, straightforward, and easy to understand, whereas values and ethical issues are subjective, often unclear, and difficult to understand. The ability to address values and ethical issues is critical to the success of the service. In the context of psychosocial medicine, hospital social workers play an increasingly important role due to advances in medical technology and increasing tensions in medical relationships.

In medical social work, social workers are confronted with the socio-cultural, institutional, power and political influences on medical ethics. The client's right to information. The conflict between the client's right to information and self-determination and the equitable distribution of health care resources is an ethical dilemma that social workers face when providing services to clients. Therefore, it is important to explore the ethical issues in medical social work. Due to the influence of China's "humanistic society," social workers often face the challenge of dual or

multiple relationships when providing services. Exploring the ethical dilemmas of medical social work in dual relationships will not only provide principles and guidance for social workers facing such dilemmas in their current work processes, but will also provide a better understanding of the professional values that social work can achieve. Improved professional effectiveness will create a positive professional image for medical social work and increase public acceptance.

1.2. Research Methodology

Literature method: Through collecting, organizing and analyzing the data related to the topic under study, the author understands the current status of research on the ethical dilemmas faced by medical social work. In the study of the ethical dilemmas of medical social work in dual relationships, I need to review a large amount of literature to understand the possible ethical dilemmas of medical social work in practice and the existing response models, to be familiar with the current ethical dilemmas in the practice of medical social work in China, and to grasp some existing research results and general research directions. Learn theories and summarize experiences from the existing research. On the basis of this, the basic framework of the content, perspective and methods of medical social work in dealing with ethical dilemmas will be sorted out, so as to lay the theoretical foundation for the next study of the ethical dilemmas in dealing with dual relationships in medical social work practice.

Participant observation: Throughout the study, the observation method was used as an important supporting research method. The author used the participant observation method and simple interviews to obtain first-hand information and use it as an empirical reference by actually participating in the process of providing services to patients and their families. In this study, the author participated in the process of observing medical workers providing services to patients and the interaction between patients and doctors in the process of service delivery, the relationship between patients and their families in the process of interaction with medical workers, and the human relations outside the professional relationship, and the behavioral habits in the process of interaction with professionals. The study provides an objective understanding of the dual relationships that may occur in the process of providing services to patients and their families after the medical social workers are embedded in the hospital development model, and lays the foundation for the later study. Throughout the study, the author also observed the possible dual relationships between medical social workers and medical practitioners in the healthcare system and the possible dilemmas they might face.

The above is the main research methodology of this study, which is based on the premise of qualitative approach and the combination of theory and practice. Although there are still difficulties to be overcome at this stage to discuss on the basis of the existing research, we hope that we can use the relevant experience to initiate a discussion on the ethical dilemmas of medical social workers in dealing with the dual relationship, and to accumulate experience and paths to solve the relevant problems and to stimulate readers' thinking.

2. Literature Review

2.1. Definition of Key Concepts

2.1.1. Double Relationship

The term "dual relationship" was first used in 1958 in the American Psychological Association's (APA) Code of Ethics for Psychology. According to it, if a psychologist has a professional relationship with a person with whom that person has another relationship, or has a nonprofessional relationship with a person with whom he or she has an intimate relationship, or has a future relationship with that person Or entering into another future relationship with that person or a family member of that person is considered to form a dual relationship (Zhao,

Fang, 2013). Many psychological researchers have studied dual relationships in more detail, and Hurley and Corey define dual relationships as "where the person seeking help plays two roles, simultaneously or consecutively, which are the professional and, in some cases, the professional and personal roles of counselor and teacher.

The National Association of Social Workers (NASW) refers to this concept in its Code of Ethics, and the 1996 edition of the NASW Code of Ethics defines the relationship as "a relationship between a social worker and a client that is not a pure relationship, but a dual or multiple relationship, such as professional, social, or business. Dual (multiple) relationships can occur simultaneously or sequentially at different times". In the local Chinese context, this refers to a dual relationship in which the social worker has not only professional but also social and economic relationships with clients and their relatives, occurring at the same time or at different times.

In summary, dual relationships in social work (a term that encompasses a range of relationships) are defined as relationships between social workers and their clients that go beyond professional, teacher-student, friendship, neighborhood, or working partnerships. The dual relationships we consider in this paper refer to non-professional relationships that are a mix of personal values and feelings in addition to purely professional relationships, which may be friendships or interpersonal relationships that arise naturally in the course of providing services.

2.1.2. Ethical Dilemma

In social action, ethical dilemmas have been defined in different ways. According to Lowenberg and Dogoff, "modern society is characterized by many different and conflicting values, which may be one reason for ethical dilemmas in social action. Ethical dilemmas arise when workers are confronted with two or more conflicting values, such as justice versus equality, or privacy versus protection of life. Social workers must choose between two or more interrelated but conflicting ethical imperatives. Frederick G. Reamer (1999), chair of the committee appointed by the American Association of Social Work (NASW) to review the current code of ethics (1996), defines an ethical dilemma as a situation in which the core values of the profession require conflicting obligations and responsibilities, and the social worker must decide which priority to establish. An ethical dilemma is a situation in which social workers must decide which values to prioritize when faced with conflicting professional obligations and responsibilities. (3) According to scholar Gao, an ethical dilemma is a situation in which social workers face conflicting obligations and responsibilities assigned to them based on their professional values. In practice, social workers face complex situations of conflicting values and ethical decisions arising from the complex realities and unique characteristics of different clients.

Although different researchers have defined ethical dilemmas differently, there is consensus that ethical dilemmas result from conflicting values and that different actors have different perceptions of the meaning of the same object or event. From this perspective, ethical dilemmas in social work are caused by conflicts in the way social workers perceive and deal with the same event with their clients, agencies, and colleagues. For example, in medical social work, if a physician or hospital and a medical social worker disagree about the treatment plan and the meaning of treatment for a client, this can prevent social work from being done properly and correctly. If the client and the social worker have different perceptions of the meaning of the same act, for example, if the client sees the gift to the social worker as a mere expression of gratitude, while the social worker sees it as a matter of professional ethics, this can prevent the profession from remaining purely professional.

2.2. Study on the Ethical Dilemma of Medical Social Work

Some researchers have borrowed from Raymond's categorization of ethical dilemmas in social work, according to which "social workers encounter different levels of ethical dilemmas in their

professional practice. Specifically, they can be divided into direct and indirect ethical dilemma situations. Direct practice ethical dilemmas include confidentiality and privacy, client autonomy and professional care, interagency loyalty, professional boundaries, and dual and multiple relationships. Implicit ethical dilemmas include the allocation of scarce resources, dilemmas between professional ethics and legislation, ethical dilemmas in research and evaluation, and disclosure of ethical violations by agencies and colleagues. Another view divides ethical dilemmas in social work into decisional dilemmas and structural dilemmas, where decisional dilemmas are expressed in terms of the degree and circumstances of confidentiality.

On this basis, scholars have mainly studied the ethical dilemmas in medical social work from the following perspectives. One view simply summarizes the ethical dilemmas in medical social work practice as a values dilemma and a patient service dilemma, specifically, whether medical social workers should intervene when conflicts arise between doctors and patients for various reasons. Second, in terms of client self-determination and informed consent, when the family asks the medical social worker to conceal the patient's condition from the patient, should the social worker conceal the condition from the patient. Third, the dilemma of resource allocation, which arises from the unavailability of financial help for poor and vulnerable patients (Ji, Fang, Dai, Wenyao, and Chai, 2018). Another summary of the ethical dilemmas faced by medical social work in practice is that medical social work mainly faces ethical dilemmas arising from conflicting values, and specifically analyzes them in terms of the conflict between the confidentiality of disease information and the client's right to informed consent, and the conflict between the client's self-determination and traditional values or professional values; another ethical dilemma is the ethical dilemma caused by dual relationships. Another ethical dilemma is the ethical dilemma caused by the dual relationship, which is analyzed from a practical perspective (Lv, Qiu-Li and Chen, Hong-Lin, 2018). Another viewpoint, based on the first viewpoint, complements the ethical dilemma arising from the difference of interests, because the medical social worker, as an independent individual, represents the interests of the individual and the interests of the individual are derived from the interests of the hospital. This is the ethical dilemma faced by medical social workers (Chai, Q. H., Wang, C. C., 2019). Another view is that, according to the traditional division of ethical dilemmas in social work, the ethical dilemmas in medical social work are divided into deterministic and structural dilemmas, and direct and indirect practices. These include choice dilemmas in medical social work, specifically related to the scope and circumstances of confidentiality, the right to self-determination and respect, free will and environment, and forms and choices of care provision; and structural dilemmas, related to conflicts between vulnerable groups and powerful societies, conflicts between client needs and agency policies, boundaries of professional and personal ethics, and differences between Western experience and local culture. The ethical dilemmas in direct practice are. Confidentiality and privacy, self-determination and paternalism, loyalty to diverse clients, professional boundaries and conflicts of interest, and professional and personal values. Ethical dilemmas in indirect work include. Scarce resource allocation, legal compliance, organizational ethics, research and evaluation, and fraud (Zheng, Weirong, Gao, Xiu, Qi, Haifeng, Yu, Xiaoyuan, and Li, Enchang, 2018).

3. Research Content

3.1. The Dual Relationship Faced by Medical Social Work

During the participant observation phase, the author provided services to patients as a new face of the hospital, ensuring that no relationship existed other than the professional relationship at the beginning of the intervention. We also analyzed the dual relationship that social work may face. For social workers working in urban and rural areas, it is common and

even more effective to form and use dual relationships other than professional relationships to provide services because they have fewer professional resources, less public awareness of their profession, and less recognition of their professional status and expertise. The complete avoidance of dual relationships in the practice of medical social workers is not possible and may not be conducive to the continuation of the service process. In some cases, the use of personal relationships by medical social workers in the process of service delivery may be more likely to gain the positive cooperation of clients, help them achieve their service goals and achieve the desired service outcomes, and may be a prerequisite for the continuation of professional relationships to ensure the effectiveness of professional services. In this paper, we try to investigate the working environment faced by medical social workers, to understand the possible situations of dual relationships in medical social work practice, the reasons for their occurrence, the possible effects on professional relationships, and the possible dilemmas that may arise, and on this basis, to analyze whether to control the occurrence of dual relationships. In addition to their institutions, medical social workers face two main groups in their practice: medical workers and patients. Medical social work is mainly developed by embedding into the hospital system, and medical social workers, as professional staff in the medical system, have both collegial and professional service relationships with other medical workers. When conflicts arise between doctors and patients, this subjective perception will inevitably affect the professional judgment of medical social workers. At the same time, the work of medical workers is often based on the judgment of professional medical knowledge, while medical social work, as a profession with strong value influence, may conflict with medical workers, and at this time, due to the dual identity of medical social workers, they also inevitably face ethical dilemmas. The ethical dilemma is inevitable due to the dual identity of medical social workers. When medical social workers are dealing with patient groups, they are more likely to be troubled by the ethical dilemmas arising from the dual relationship and inevitably have personal relationships other than professional relationships in the process of work. In situations where patients express their gratitude and share their joy with social workers on their birthdays or when they are discharged from the hospital, social workers are faced with the choice of avoiding or accepting human relationships other than professional relationships. When there are dual relationships between medical social workers and patients, such as intimate relationships and emotional attachment, personal interests and human feelings may affect the quality of services provided to patients, and a balance should be struck between them in time.

For example, some scholars have proposed beneficial but harmless partnerships (Zeng Qun, 2009), and some scholars have argued that a different order of relationships exists between social workers and social services in Chinese society than the impersonal contractual relationships in Western societies. Some researchers have argued that social workers and clients in Chinese society have a closer friendship relationship than in Western societies without contractual relationships (Luo Xiaoquan and Yin Baohua, 2003). Some researchers also point out that in the Chinese cultural context, the professional relationship in social work is a combination of professional relationship + work relationship + friendship. Some researchers point out that it is difficult to avoid the formation of non-professional relationships in the process of providing social work services, and it is unethical to avoid the formation of dual relationships. Some local researchers also question the excessive restrictions on dual relationships. Some argue that the limitations of Western social work ethics are not fully applicable to the Chinese cultural context and that the treatment of dual relationships should be localized (Sun Jian, 2009; Li Yang and Qian Mingyi, 2007).

3.2. Possible Ethical Dilemmas and Advantages and Disadvantages under the Dual Relationship

Medical social workers, whether they are professional social workers, educators, or supervisors, inevitably face potential problems in defining professional relationships in the course of their services. When a medical social worker has a simple relationship with a client other than a professional relationship, such as family, friends, teachers and students, superiors and subordinates, it will have a direct impact on the implementation of services. The need for client referrals should be determined. In addition to the multiple relationships that exist, there are also friendships and relationships formed during the service process that are purely outside the professional relationship. As for the "beneficial dual relationships" that are not excluded, as proposed by other scholars above, the possible ethical dilemmas arising from dual relationships can be analyzed and discussed to provide a reference for dealing with such ethical dilemmas in medical social work practice.

This is especially true in a special working environment such as a hospital, where medical social workers face the ethical dilemma of a dual relationship when the relationship between them and their clients goes beyond a purely professional one.

For example, if a social worker's neighbor is hospitalized for a medical condition, even though they have no prior personal relationship, and the neighbor assumes the role of social worker, the social worker establishes a dual relationship with the neighbor in order to better understand the condition and the subsequent treatment plan, and interacts with the doctor. The purity of the professional relationship is inevitably affected in the course of the work due to factors such as geographic location, co-location and purity. In practice, the dual relationship in the hospital may have some benefits for the client, but there are still many potential pitfalls for ethical social work. The intimate relationship that may exist between social worker and patient, if implicit, can undermine the nature of the professional helping relationship, depriving the social worker of a degree of professionalism and impartiality in assessment and undermining equal access to other medical resources. However, if a patient who may be physically and emotionally exhausted and depressed as a result of prolonged treatment for a physical condition needs professional psychological support and social services, failure to provide these services violates the principle of helping people. All of these issues are difficult dilemmas that social workers often encounter in the practice of social work. Ethical and value issues are inevitable in social work, and many social workers involved in practice can simply cite examples of ethical dilemmas they have encountered in their work in dual relationships. Ethical dilemmas arising from dual relationships are also often due to conflicting values, which may involve conflicting social and professional values in different contexts. There is a conflict between the altruistic values inherent in social work and the selfish values practiced in some societies. Conflicts can also arise within professional values. The different demands of different social actors on the content of hospital services often lead to internal differences and conflicts of professional values. Conflicts between professional and personal values. The personal values of social workers are influenced by complex social and cultural factors, such as conflicts between professional and rational judgment and compassion for vulnerable groups. Conflict of values between social workers and clients. Any contact between social workers and clients may lead to a conflict of values when judging each other's values.

3.3. Strategies for Coping with Ethical Dilemmas in Dual Relationships

As for the response to the ethical dilemma under the dual relationship, the example of the village street fair mentioned by Professor Fei Xiaotong in Rural China is of certain reference value, and the author uses this example to trigger thoughts on the ethical dilemma under the dual relationship. As mentioned in Rural China, the street fair is an institutional arrangement used by our people to deal with boundary issues. In rural societies, unlike urban societies,

people have closer relationships and more extensive ties with each other, and people form friendly relationships with each other. In rural society, there is little direct exchange of benefits between people, except for those arising from moral obligations. In this case, people must engage in commercial transactions for their own livelihood, and for those who live in the countryside, the marketplace is a place where they can meet their needs for trading activities and where they can temporarily leave their previous relationships behind and calculate all transactions on the spot. In the market, people are relatively ruthless, temporarily treating each other as "strangers" (Zhao Wanlin, 2021). Professor Fei Xiaotong mentions in his book that the reason why people choose to "temporarily leave their original relationship behind" and remain "ruthless" to ensure transactions in the bazaar is to not confuse transactions with emotions, not to compromise their interests easily, and not to compromise their interests nor. The purpose of this example is to ensure that transactions are not confused with love, that they are not easily compromised, and that they are not harmed by conflicts of interest. Although this example does not provide a direct way for medical social work to deal with the ethical dilemma of dual relationships nor does it provide a positive answer to the question of how medical social workers should deal with the ethical dilemma of dual relationships in practice, it does provide a direction and a path for us to think about. Only when we have more knowledge and understanding of the situations in which clients may form emotional dependency and human relationships in practice can we have more ability and sufficient sensitivity to reasonably grasp the boundaries of professional and non-professional relationships.

From the perspective of real life, the hospital field is a small community in which medical social workers, doctors and patients live together for a long time, and medical social workers often come into contact with seriously ill patients. It is difficult to avoid non-professional relationships between medical social workers and patients. As a profession introduced from abroad, social work has a short history of development and lacks social recognition, and the profession itself has not yet formed a fully standardized code of ethics and professional system, and people still do not understand the profession of social work. At this time, the social worker will try to express care and communicate with the client in a non-professional image at the beginning of the professional relationship, and gain the trust of the client by personal "charisma", not necessarily a professional image but a positive and positive image to lay the foundation for a healthy professional relationship later on. At this time, the clients may be willing to cooperate with the service because of the personal characteristics of the social worker at the beginning of the intervention rather than because of the social work expertise or the professional ability of the social worker. However, from the client's perspective, it is inevitable that the social worker is already treated as a friend or even a relative, so it is normal for the client to make other requests in the context of a human relationship. On the other hand, since the clients are a large group and usually have vulnerable attributes and service needs, the clients need help rather than acceptance of new things. The ultimate point is to popularize the professional content and characteristics of medical social work. As mentioned above, the beneficial dual relationship should not be simply rejected, so it is important to maintain and ensure the clarity of the boundaries in an appropriate way for the development of services that have already formed a dual relationship. For example, a small gift from a client in a native Chinese culture is not only an expression of gratitude, but also the beginning of a closer relationship, and the social worker should not reject it out of hand. If a social worker refuses a client's invitation to a wedding banquet, he or she will be perceived as not giving face to the client and will not be able to get along with him or her; if a client who has helped you is now in trouble and wants to seek your help, but you are pushing back, he or she will be perceived as impersonal and not worthy of deep friendship. Therefore, the question of what is the appropriate approach is also a problem that medical social workers need to face in their practice in the local Chinese culture. As a profession guided by values, the social work

profession needs to find a balance between "law" and "etiquette. As a profession guided by values, the social work profession needs to find a balance between "law" and "etiquette", which requires not only. This not only requires medical social workers to accumulate and summarize their experience in practice, but also requires social workers to have a thorough understanding of the principles of dealing with people, whether as a professional or as a simple individual.

4. Discussion and Reflection

In the process of service, medical social workers may form dual or multiple relationships other than professional relationships. In view of the environment and the current development of social work in China, it is undesirable to completely reject "beneficial dual relationships" other than professional relationships, and to ensure the professionalism of working methods and processes in the service process. The formation of dual relationships should be aimed at improving the quality of services and promoting the development of professional relationships, while avoiding the use of friendships or personal relationships for personal gain in the service process, which may affect the judgment of professional choices and the fair distribution of resources. This requires medical social workers to be sensitive to the relationship with clients in the process of providing services, to make clients realize that other relationships cannot exist beyond the professional relationship, and to avoid excessive emotional dependence of clients outside the professional relationship with sufficient professionalism.

In the end, I found that the first thesis was not profound. The discussion of dual relationships in medical social work did not track the process of their formation to systematically summarize the possible pathways of dual relationships beyond the professional relationships formed during service delivery. However, as a special service area, clients may face additional problems. The clients themselves may have emotional relationships such as dependence on relationships other than professional relationships due to their vulnerable position. Second, the research methodology is not comprehensive. In the literature, research questions are mostly analyzed based on literature summaries and observational experiences. Based on the results of only a few one-sided surveys and personal experiences, there is a risk of being influenced and limited by the personal experiences of the observers, and some aspects lack informativeness. Finally, the conclusions and recommendations may not be universally applicable. The cultural environment varies from region to region, and the level of literacy and acceptance of the same thing varies from region to region. Local contexts vary, as do customs, and not all regions have the same problems or similar conditions for development.

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