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Ethical Issues in Open Adoption: Implications for Practice

Frederic G. Reamer & Deborah H. Siegel

ABSTRACT

Total secrecy and confidentiality no longer typify adoption in the United States. Today, most adoptions involve an exchange of information or some form of contact between the birth family and adoptive family—so-called open adoptions. This article provides a comprehensive overview of ethical issues associated with various forms of open adoption, including issues of privacy, confidentiality, self-determination, paternalism, conflicts of interest, deception, and truth-telling. We present guidelines for social work practice in open adoptions, based on current ethical theory and ethical standards in social work.

All social work practice is value based and laden with ethical issues and dilemmas. This is strikingly evident in the practice and policy related to adoption. Ethical issues abound in laws, agency policies, and clinical practice in adoption (Siegel, 1998). These issues take unique form in open adoptions, that is, adoptions in which the birth family and adoptive family have contact with each other. Identifying these ethical issues in open adoption is a crucial first step in analyzing alternative ways of addressing them. In this article we explain what open adoption is, delineate the types of ethical issues embedded in each phase of the open adoption experience, and present a framework, derived from ethical theory and professional ethics standards, for exploring these issues to shape adoption laws, policies, and practices that are ethically defensible.

Defining Open Adoption

The term *open adoption* is used differently throughout the adoption literature (Gross & Sussman, 1997); these different uses reflect different ethical assumptions. For purposes of the discussion here, open adoption refers to adoptions in which at least one birth-family member (usually, but not always, the birth mother) and the adoptive parent(s) have had some form of contact with each other (e.g., at least one face-to-face meeting, exchange of letters or e-mail, or telephone conversations); they have shared some identifying information with one another (perhaps last names or addresses); and the child, if old enough to have language, knows that the contact exists. Such openness, and related ethical issues, can occur in both kinship adoptions, where children are legally adopted by relatives other than the biological parents, and nonkinship adoptions.

Different definitions in the adoption literature reflect different value stances about what constitutes openness, and these have ethical implications (Siegel, 2003). For example, some maintain that an adoption is open even if the criteria listed earlier are not met, but the *possibility* of contact exists. Others assert that for an adoption to be called open, the adopted child must participate in the contact. Yet others consider an adoption open if an adoptive parent has had contact with a birth-family member,

though the child has no knowledge of this or is not allowed to participate in the contact. Still others believe that an adoption is open even when only first names are used, and letters are exchanged anonymously through an intermediary such as an agency or attorney. Grotevant and McRoy (1997) posited a continuum of openness, ranging from mediated to semiopen to fully disclosed. Other research (Siegel, 2003) shows that the range of open adoption alternatives is seemingly limitless and does not fit into neatly defined distinct types; adoptions vary over time in terms of type of disclosure, contact, frequency, and participants.

It is important to note that open adoption is not shared parenting; the adoptive parents have full legal rights and responsibilities as the child's parents (Melina & Roszia, 1993). Furthermore, open adoption is not the same as "open records." An adoption can be open even when the child's original birth certificate is sealed in perpetuity by the courts.[1]

In the literature there is debate over the goals and purposes of openness in adoption. Some say openness is necessary to protect birth parents' rights; the inviolable biological connection between people must be honored, and birth parents should not be punished for having the wisdom, courage, and strength to make an adoption plan (Gritter, 1997). Others say openness is needed to build stronger adoptive families, that is, the secrets and cutoffs of traditional, confidential, and closed adoptions impair communication and build emotional walls within adoptive homes (Melina, 1993). Most agree that open adoption is first and foremost for the child's benefit; it is widely accepted among adoption professionals today that all children need access to information about their genetic, medical, and psychosocial histories, as well as some form of contact, however minimal, with their biological relatives so that their questions about their roots and their adoptions can be answered. It is widely recognized that even when direct contact between the biological and adoptive families is not in a particular child's best interests—for example, when a biological family member engages in harmfully inappropriate behavior with the child—some form of minimal contact, perhaps an anonymous exchange of letters via an agency, is still possible (Melina & Roszia, 1993; Pavao, 1998). Clearly, a new standard of care has emerged in adoption; some form of openness, at least the possibility of contact in the future, is now considered best practice.

Ethics and Openness

In the United States, secrecy, confidentiality, and cutoffs in adoption did not become the norm until the 1940s when social workers, seeking to protect birth mothers and their children from the stigma of out-of-wedlock birth, pushed for legislation sealing adoption records. Silenced by the shrouds of shame and social opprobrium, birth parents and adoptees waited until the civil rights movements of the 1960s to step forward, describing the problems secrecy created. Many birth parents explained that they accepted secrecy because they were told they had no other choice. Adoptees spoke of feeling punished for circumstances around their births over which they had no control and for being denied access to information about themselves that is everyone else's birthright. Wrenching tales of frustration and pain in search and reunion continue in the electronic and print media today (Pertman, 2000).

As social workers, legislators, and agency policymakers listened to adoptees' and birth parents' stories of pain and struggle in closed adoption, they began to realize that practices once thought to be humane and protective were actually experienced as insensitive, coercive, intrusive, and paternalistic (Siegel, 1993). Slowly, starting in the mid-1980s (Grotevant & McRoy, 1998), some agencies began to experiment with empowering prospective birth parents and adoptive parents to make their own decisions about how much they wanted to know about each other and how much contact to have before and after the adoption finalization. Today, some form of contact along the openness continuum characterizes most agencies' practice in adoption (Fravel, McRoy & Grotevant, 2000; Grotevant & McRoy, 1998; Rappaport, 1992; Shireman, 2003). Although some traditional, confidential adoptions still occur, they are no longer the norm.

There are both practical and ethical reasons for this change. Some believe that as fewer healthy white babies became available for adoption in the United States—the result of readily available birth control and relaxing attitudes about single parenthood—birth parents gained more power and voice in the highly competitive adoption marketplace; thus, they were better able to assert their wish to participate in choosing the adoptive family for their child and have some form of postplacement contact (Pertman, 2000). It is interesting, however, that the overwhelming majority of the adoption literature that describes the open adoption movement focuses not on market forces but on the emotional and social well-being of the birth parent, adoptee, and adoptive parent (Brodzinsky, Smith, & Brodzinsky, 1998; Grotevant & McRoy, 1998). Thus, the debate over whether open adoption is a long overdue change or a nightmare in disguise is essentially about what is best for human well-being. In other words, whether an adoption is open or closed, and how open it is, reflects values; it is an ethical issue.

Proponents of secrecy, confidentiality, and permanently sealed adoption records argue that open adoption harms the birth parent, adoptee, and adoptive parent (Kraft, Palombo, Woods, Mitchell, & Schmidt, 1985a, 1985b,

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[1] In some states, for example, law requires that original birth certificates be sealed forever. But there is no proscription against birth and adoptive family members voluntarily sharing identifying information and having contact with each other. Law in some states requires a lie; when a child is adopted, a new birth certificate is issued, declaring that the child was born to the adoptive parents.

1985c). They claim that openness impairs the adoptee's identity formation, interferes with the adoptive family's ability to bond with one another, diminishes the adoptive parents' sense of entitlement to the child, and hinders the birth parents' grief work. Open adoption advocates, on the other hand, cite research and clinical experience that openness comforts the birth parent by providing access to information about the child's well-being, gives the child access to important medical information (such as information not known to the birth family at the time of the birth, but highly relevant to the adoptee later in life) and answers to the child's questions about why their birth parents made an adoption plan, invites the child to ask questions and express concerns to their adoptive parents, and empowers adoptive parents with background information needed to parent this particular child. A growing body of research literature indicates that the dire consequences predicted in the early days of open adoption have not come to fruition; on the contrary, participants in open adoption report feeling satisfied with the kinds of contact they have (Brodzinsky et al., 1998; Gross, 1993, 1997; Grotevant, 2000; Grotevant & McRoy, 1998; Martin, 1998; Melina & Roszia, 1993; Shireman, 2003; Siegel, 1993, 2003, 2006).

Key Ethical Issues

Discussion of the range and types of ethical issues in open adoption can be organized along three dimensions. One is the *lifecycle phase of an adoption*, that is, pre- versus postplacement. The second dimension for examining ethical issues in open adoption is the *participant's perspective*, that is, from the point of view of the agency policymaker, social worker (or other direct service provider), birth parent, adoptive parent, child, and others with an interest in the adoption (e.g., lawyer, hospital administrator, nurse). The third dimension is the *type of adoption*, that is, whether the adoption was of an infant or older child, a child born in the United States or abroad, through the public child welfare system or private agency, transculturally or transracially, or with or without identified special needs. In each of these dimensions ethical issues arise related to privacy, confidentiality, self-determination, paternalism, conflicts of interest, deception, and truth telling.

Ethical Issues: Preplacement

Many ethical issues confront agencies during the preplacement phase of an adoption. Agency personnel must make decisions about what kinds of pre-and postplacement contact they wish to offer, encourage, require, or accept. For example, they must decide how much autonomy and voice they are willing to give birth parents in choosing an adoptive family. Some agencies give birth parents virtually unlimited access to notebooks or computer files full of "Dear Birth Mother" letters that prospective adoptive parents have composed in the hopes that a pregnant woman or couple will choose them as the child's family. Other agencies give a birth parent one prospective adoptive family's profile at a time; if the birth parent declines that match, then the agency offers up another. Still other agencies give a birth parent three profiles at a time. Birth parents involved involuntarily in the public child welfare system often have no voice in choosing the adoptive family. Some agencies offer, others require, and some forbid a birth parent the right to have telephone contact with or meet a prospective adoptive family face to face before making a decision to place with them. Some agencies only allow a face-to-face meeting *after* the birth parent has chosen the family. Where agencies fall on these continua of choices reflects implicit ethical assumptions about birth parents' autonomy and rights to make informed choices for themselves and share power and control in the preadoption process.

Agencies have different stances with regard to empowering prospective adoptive parents in the preplacement process as well. If a prospective adoptive parent declines to accept a child from a particular birth family (perhaps because of discomfort with the birth family's race, mental health status, prenatal care, substance use), some agencies move that prospective adoptive parent to the bottom of the waiting list for a new referral. Other agencies respect parents' self-assessment of acceptable risk and do not penalize them for saying no to a referral. Agencies also differ in how much and what kinds of preadoption education they offer or require concerning the unique issues and challenges involved in adopting transracially, transculturally, and children with special physical or mental health needs.

Issues of paternalism and self-determination permeate other agency decisions as well. For example, agencies have different perspectives on what they will and will not accept in the home-study process. While ultimately every agency that does home studies must screen out unsafe adoptive placements, some agencies see the home study primarily as an opportunity for adoptive parents to acquire preadoption education and self-examination and are unlikely to screen out any but the most unsafe situations (e.g., a parent with a history of pedophilia); other agencies see the home study primarily as a tool to screen out unfit, unappealing homes, from the agency's point of view. Furthermore, agencies differ in what kinds of minimum postplacement contact they require. Some agencies allow parents to decide for themselves what makes sense; others have a more paternalistic one-size-fits-all approach (e.g., they require the adoptive family to send a full-frontal facial photograph of the child to the agency once a year and/or refuse to honor adoptive and birth parents' requests for each other's home addresses so they can communicate without an intermediary).

Decisions reflecting paternalism rather than a focus on self-determination also appear in agencies that will not

allow prospective adoptive parents to bring an infant home before the birth parent's parental rights have been legally terminated. Some agencies require that all such "legal risk" children remain in foster care until they are legally free for adoption. This means that in states in which birth parents have weeks or months in which to rescind their consent to terminate parental rights, the child must experience a change of placement from foster to adoptive home, and the adoptive parent(s) must wait to bring home the child they are willing to accept. This form of paternalism is designed to protect so-called overeager or desperate adoptive parents from the pain of losing the child. It may also be intended to protect the agency and social workers from having to deal with the intense emotional responses of prospective adoptive parents who grieve the loss of a child reclaimed by the birth parent before the adoption is finalized.[2]

In the public child welfare system, unique ethical issues emerge in the preplacement phase. In some states, birth parents who face having their parental rights involuntarily terminated, as a result of abuse or neglect, are told that if they "voluntarily" terminate their rights they are entitled to an open adoption. They are similarly told that if they exercise their legal right to fight the involuntary termination, they will ultimately lose not only their parental rights but also the option of having any kind of ongoing contact with the child in the adoption. This legal practice is, from a professional social work point of view, unethical and an unsound basis for forging the extended adoptive family; if postadoption contact between a particular birth parent and child is in that child's best interests, the contact should occur whether that birth parent's rights are terminated voluntarily or involuntarily.

When public agencies thus use open adoption as an incentive to entice a birth parent to terminate parental rights, a child who does not want contact with the birth parent, or adoptive parents who feel uncomfortable with contact, may find themselves in an open-adoption arrangement that does not work for them. The birth parent, child, and adoptive parents may feel coerced into accepting an open-adoption arrangement, fearing that failure to agree to the plan will jeopardize the adoption or harm them. For example, the birth parent may fear loss of all contact forever. The adoptive parents may fear that if the state must pursue a petition for an involuntary termination of parental rights, the court might return the child to the birth parent, or they will have to endure 18 months or more of legal uncertainty as the involuntary termination of parental rights (TPR) process unfolds.

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2   From an ethical standpoint, it is intriguing that while "legal risk" placement is often not available via private agencies, it may be unavoidable in the public child welfare system; the federal Adoption and Safe Families Act (ASFA, Public Law 105–89) mandates "concurrent planning"—that is, when a child enters foster care, the public child welfare agency must simultaneously seek to reunify the child with the biological parents and begin adoption planning, preferably with the foster parent, if possible.

Often, foster parents become willing to adopt the foster child in their care. But sometimes foster parents and the birth parents of the children in their care have no access to one another or contact with each other throughout the placement. When the birth parent's arm is twisted into accepting a "voluntary" TPR, the two parties are brought together, perhaps for the first time, in court immediately before the TPR hearing for mediation to negotiate an agreement for postplacement contact. Unfortunately, a lifelong agreement is not best negotiated between parties who have no experience with one another—no history that would be the basis on which to develop trust and collaboration. Thus, these open adoption agreements may be forged under mutual duress. Both parties feel disempowered, pressured to reach an agreement hurriedly on the spot so the adoption can go through. There is no time to feel each other out, process one's own feelings and needs, and assess how well everyone can communicate and problem-solve together. This situation meets the needs of hurried, harried court and social service workers, but it may not meet the needs of the people who must live with the open adoption and honor the agreement for years to come.

International adoption involves unique ethical issues regarding openness. Some prospective adoptive parents prefer international adoption as a way to avoid dealing with birth parents (Alexander, 2004; Siegel, 1998). They feel less threatened by a birth parent who lives on another continent. Many adoption professionals view this as a problem, given what is known about adoptees' need for, and right to, information about themselves and access to their birth families (Melina, 1993; Siegel, 1998). Agencies, funded by fees charged to adoptive parents, may experience conflicts of interest in the form of financial incentives to overlook prospective parents' discomforts about openness, even though those discomforts can impair the parents' ability to empathize with the adoptee.

Ethical issues around truth telling and deception abound in open adoptions of all types. Birth parents may withhold information about themselves that they fear will lead adoptive parents to decline the adoption or close the door on openness. Adoptive parents may withhold information from, or deliberately deceive, birth parents out of fear that the birth parent will not place the child with them. Prospective adoptive parents might tell birth parents they are willing to have postplacement contact, when in fact they do not plan to honor that promise. Deception, either by withholding information or providing false information, clouds complete openness and compromises the relationships and trust among the people involved in the adoption. At times, professionals advise or allow one party or another to withhold potentially important information. For example, in one case, the agency social worker accepted the birth mother's request not to tell her newborn infant's adoptive family that the baby had three biological siblings adopted by another family; this birth mother

feared that her mother, who participated in an open adoption with the first three siblings' adoptive family, would find out about the fourth child that the birth mother had conceived, delivered, and placed for adoption. This nondisclosure respected the birth mother's right to privacy but ignored the four siblings' right to know and have contact with each other.

Postplacement Issues

There are many different beliefs about what kinds of postplacement contact make sense. Different social workers give remarkably different advice. Some give little advice, preferring instead to promote self-determination, help birth and adoptive parents learn what the open adoption options are, and decide which make sense to them in their unique situation. Others give varying amounts and types of direction. Some social workers are more paternalistic and believe that they know best, based on their experience in the field. Others believe that their role is to educate, empower, and facilitate. Hence, ethical decisions about paternalism versus self-determination shape social work practice and policy in this regard as well (Reamer, 1983).

Adoptive parents face many ethical choices and decisions during the life of an open adoption. When the openness agreement is part of the adoption decree, as in some adoptions finalized by public child welfare agencies, a child may resist having contact with a birth parent who was abusive or neglectful; then the adoptive parents are faced with the difficult ethical choice of whether to honor the agreement or respond to the child's changing needs. When a birth parent with whom they have an open adoption agreement does not uphold his or her end of the plan (e.g., does not show up for an agreed-upon visit, thus distressing the child), adoptive parents might reconsider their initial agreement. This is also true when a birth parent behaves during visits in ways that disturb the child, such as showing up inebriated or saying hurtful things (e.g., one birth mother told the child, "Don't worry. When you're 13, you can come live with me again."). When a birth parent falls out of touch, leaving no forwarding address, adoptive parents must decide whether to respect the birth parent's distance or pursue that person, thus honoring the child's need to know where the birth parent is. This can be a challenging ethical decision, since often there is no way for the adoptive parents to know if the birth parent has fallen out of touch unintentionally or out of a wish for privacy and distance.

Postplacement openness also involves parental decisions about truth telling and full disclosure, that is, how much information to share with the child about the birth parents. Adoptive parents must decide, for example, whether and how to tell a child that he was conceived by gang rape, or she was exposed in utero to polysubstance abuse, or that the birth parents have other children they are parenting. Similarly, they must decide how transparent to be with the birth parent regarding important developments in the adoptive family (e.g., parental divorce, alcoholism, child-behavior problems). In short, openness involves all kinds of ethical choices about truth telling, deceiving, and withholding information paternalistically. Adoptive parents must make ethical decisions about how open to be with whom, when, and about what. Research has shown that even adoptive parents who say they believe in openness, honesty, and truth sometimes keep information from the children they have adopted and from the child's birth parents (Siegel, 2006).

During the life of an open adoption, social workers, adoptive parents, administrators, and others face ethical decisions about how assertive to be in helping the parties in an adoption achieve and maintain contact with one another. Some agencies, for example, will automatically forward any letter sent to them. Others keep letters in a file, waiting for the intended recipient to contact the agency to ask if any letters have arrived. Every person touched by an adoption—be it a child, adult adoptee, parent, or professional—also faces ethical choices about whether, when, and how to nudge any adoption into further openness over time. These decisions involve compelling ethical issues of privacy, confidentiality, promise keeping, conflicts of interest, self-determination, paternalism, deception, and truth telling.

Ethical Guidelines in Open Adoption: Best Practices

In light of these prevailing trends and challenges in open adoption, social workers must develop ethically sound "best practices" that can inform decision making in complex situations. These guidelines should be based on current, practical, state-of-the-art ethical theories, concepts, and standards available in the *practical ethics* field. Practical ethics entails the deliberate application of ethical theories and concepts to challenges faced by practitioners (Reamer, 2006a, 2006b; Singer 1993).

The most prominent concepts and theories in the practical ethics field are the *deontological* perspective, the *teleological* perspective, and the *virtue ethics* perspective. A brief overview is necessary as a prelude to identifying how each perspective can enhance social workers' ethical approach to open adoption.

Deontological theories (from the Greek *deontos*, "of the obligatory") are those that claim that certain actions are inherently right or wrong, or good or bad, without regard for their consequences (Frankena, 1988; Rachels, 2002). From a deontological perspective, rules, rights, duties, laws, and principles pertaining to open adoption are sacred and inviolable; the ends (making an open adoption plan) do not justify unethical means (using deception or misrepresentation to facilitate the adoption). For example, a deontologist might argue that it is inherently unethical for prospective adoptive parents to mislead birth parents

about their plans to participate in an open adoption. Also, from a deontological view, it would be unethical for adoptive parents to break their promise to birth parents about visiting or exchanging letters after finalization. Similarly, from a deontological perspective, it would be inherently unethical for birth parents to mislead prospective adoptive parents about themselves (e.g., the stability of their marriage or their past drug use) or agree to an open adoption plan with which they do not intend to comply.

Teleological theories (from the Greek *teleios*, "brought to its end or purpose") approach ethical challenges in a fundamentally different way. According to this perspective, the rightness of any action is determined by the goodness of its consequences. Pure teleologists think it is naïve to make ethical decisions and choices without weighing the potential consequences; to do otherwise is to engage in what the philosopher Smart refers to as "rule worship" (Smart & Williams, 1973). From this perspective (also known as *consequentialism*), any degree of deception in open adoptions must be weighed against possible benefits. Taken to an indefensible extreme, for example, a strict teleologist might argue that it is acceptable for prospective adoptive parents to lie to a birth parent about their intentions regarding open adoption (as in, "Of course, we plan to stay in touch with you and arrange annual visits between you and the child."), if such deception is necessary to convince the birth parents to consent to the adoption.

Perhaps the best-known school of teleological thought is *utilitarianism*, which holds that one should handle an ethical challenge in a way that promotes the maximum good for the greatest number of people, including adoptees, birth parents, and adoptive parents. According to the classical form of utilitarianism, when faced with an ethical dilemma, one should do that which is likely to produce the greatest good, based on a thorough review of all possible benefits and risks. Thus, decisions about participating in an open adoption, how much contact to have, and what form the contact will take should be based on a thorough benefit-cost analysis or calculus that takes into account the emotional, legal, and other consequences for the participants.

The third major perspective in practical ethics, *virtue ethics*, focuses much more on what actions are consistent with that of a "good person." That is, in the face of an ethical dilemma, one should strive to do that which a morally good or virtuous person would do. Professionals' own moral virtues and character are at the heart of ethical decisions (MacIntyre, 1984);

> Postplacement openness also involves parental decisions about truth telling and full disclosure, that is, how much information to share with the child about the birth parents.

ethical standards contained in codes of ethics and other guidelines supplement these core virtues. According to Beauchamp and Childress (2001), "a *virtue* is a trait of character that is socially desirable, and a *moral virtue* is a morally valuable trait of character.…We care morally about people's motives, and we care especially about their *characteristic* motives, that is, the motives deeply embedded in their character. Persons who are motivated in this manner by sympathy and personal affection, for example, meet our approval, whereas others who act the same way, but from motives of personal ambition, might not" (p. 27).

From this virtue ethics perspective, an ethical social worker involved in open adoption has virtuous values and character traits—for example, as articulated in the *Code of Ethics of the National Association of Social Workers* (National Association of Social Workers [NASW], 1999)—and acts in a manner consistent with them. In their classic discussion of this perspective, ethicists Tom Beauchamp and James Childress (2001) identify several core or "focal" *virtues* that are critically important in the work carried out by professionals: compassion, discernment, trustworthiness, integrity, and conscientiousness. *Compassion* is a trait that combines an attitude of active regard for another's welfare (e.g., an infertile prospective adoptive parent, an adopted child, or a birth parent) with an emotional response of deep sympathy, tenderness, and discomfort at another's misfortune or suffering. Compassion presupposes sympathy, has affinities with mercy, and is expressed in acts of beneficence that attempt to alleviate the misfortune or suffering of another person. *Discernment* brings sensitive insight, acute judgment, and understanding to professionals' actions (e.g., when social workers mediate agreements among open adoption participants about postfinalization contact or respond to an adoptive parent's decision to ignore a birth parent because such contact is a reminder of the adoptive parent's inability to produce a child by birth). Discernment involves the ability to make judgments and reach decisions without being unduly influenced by extraneous considerations, fears, and personal attachments (e.g., an adoptive parent's ignoring a birth parent because contact is a painful reminder of one's own infertility to produce a child by birth). *Trustworthiness* (e.g., between birth parents and adoptive parents with regard to the frequency and form of contact and information sharing) entails a confident belief in and reliance on the moral character and competence of another person. Trust requires confidence that another will

act with the right motives and in accordance with appropriate moral norms. *Integrity* (of all of the open-adoption participants) means soundness, reliability, wholeness, and integration of moral character. Finally, *conscientiousness* involves action that is motivated by an individual's sense of what is right because it is right, and where one has tried with due diligence to determine what is right, intends to do what is right, and exerts an appropriate level of effort to do so. Together, these five focal virtues provide a conceptual foundation for guidelines that can help open-adoption participants create and honor agreements, which are discussed in the following sections.

Beauchamp and Childress (2001) directly link these five focal virtues to four core moral principles that constitute the moral foundation of professional practice: autonomy, nonmaleficence, beneficence, and justice. These moral principles clearly have broad application to, and implications for, social workers' approach to open adoption. *Autonomy*—which is closely connected to the enduring social work value of client self-determination as conveyed in the *NASW Code of Ethics* (NASW, 1999, standard 1.02; also see Reamer, 2002, 2006a)—implies self-rule that is free from both controlling interference by others and from limitations, such as inadequate understanding, that prevent meaningful choice. The autonomous individual (e.g., a birth mother who wishes to maintain contact with her child) acts freely in accordance with a self-chosen plan based on full information about all available options. A person of diminished autonomy (e.g., a birth parent struggling with poverty, mental health challenges, or lack of community-based support and affordable housing) is in some respect controlled by others or has difficulty acting on the basis of her desires and plans. *Nonmaleficence* entails an obligation not to inflict harm on others. These are typical examples: Do not cause pain or suffering; do not inflict emotional harm; do not cause offense; and do not deprive others of the goods of life. Thus, social workers should not harm participants in open adoptions by lying to them, withholding information from them, or misleading them (consistent with the *NASW Code of Ethics* standard focused on trustworthiness [4.04]). *Beneficence* connotes acts of mercy, kindness, and charity. Forms of beneficence also typically include altruism, love, and humanity. Beneficence in open adoptions refers to an action done to benefit participants as much as possible (consistent with the *NASW Code of Ethics* standard focused on commitment to clients [1.01]). Finally, *justice* implies efforts to promote fairness. Injustice involves a wrongful act or omission that denies people benefits to which they have a right or distributes burdens unfairly. Social workers are especially concerned about promoting justice among people who are vulnerable (e.g., the child of a pregnant woman who seeks to make an adoption plan or of a parent involved in the public child welfare system because of abuse and neglect), oppressed (victims of racial, ethnic, or social discrimination), or living

in poverty (consistent with the *NASW Code of Ethics* standard focused on social justice [6.01]).

Implications for Practice: Ethical Open Adoption

Based on these mainstream ethical theories and schools of thought, and guidelines in the *NASW Code of Ethics*, open adoption should comprise several key features that promote the following core values:

Protection of the Most Vulnerable

Decisions and actions should be based on a commitment to meeting the needs of the most vulnerable, powerless participants (consistent with the moral principles of beneficence and nonmaleficence). Social workers' primary commitment must be to the child's best interests, as the child has the least autonomy and power of all the participants in the adoption.

Fundamental Respect and Trustworthiness

Openness in adoption is not just about contact and information exchange. It is about nonjudgmental respect, trust, compassion, and good will. Open adoption agreements should be entered into in good faith (consistent with the focal virtues of compassion and trustworthiness).

Honesty and Truthfulness

Secrets and deception impair openness. According to the truism, "where facts flounder, fantasies flourish."[3] Secrets and deception used to camouflage truth are often more potent than the facts they are hiding. Open adoption participants should be forthright with one another and avoid misrepresentation (consistent with the focal virtue of integrity). This includes (1) being honest with oneself about the kinds of pre- and postadoption contact one is truly able to honor and being truthful in sharing these feelings with others involved in the adoption, and (2) revealing information about oneself that is important for others to know to make truly informed decisions.

Autonomy

Social workers should promote the right to self-determination of everyone concerned (adoptees, birth parents, adoptive parents, and adoption professionals) without exploitation or abuse of any participants (consistent with the moral principle of autonomy). To enhance participants' autonomy, social workers should provide assertive, extensive pre- and postadoption education, focusing especially on the child's needs.[4] Openness ultimately is for the child

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[3] Personal communication, Sharon Kaplan Roszia.

[4] The principle of autonomy means that the social worker's role is to help open-adoption participants decide for themselves what kinds of pre- and postadoption contact makes sense for them, rather than tell open-adoption participants what they ought to do. In open adoption, autonomy means one size does not fit all.

(consistent with the moral principles of beneficence and nonmaleficence). As the child grows, he or she should have more opportunity to exercise her or his autonomy and influence the nature of the open adoption. In honoring the principle of autonomy, one should expect to change an open adoption agreement over time as participants' needs change. Changes should be negotiated explicitly and respectfully and not made unilaterally. Social workers, birth parents, and adoptive parents should not confuse their own needs with those of the child's or other participants. If a child needs contact, the child should not be deprived of it simply because it is expedient for the others involved (such as public child welfare attorneys, social workers, and parents). Similarly, a child should not be required to participate in contact the child does not want.

Open adoption provides social workers with unique opportunities and challenges to honor the profession's most cherished values. In open adoption, social workers must be vigilant in their efforts to uphold and embrace the profession's enduring ethical principles.

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