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ETHICS INTERFACE

Ethics Interface

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This column is the collaborative effort of Nancy Mitchell, Mary Barros-Bailey, Sherry Latham, Ann Neulicht, and Bobbi Dominick. The author is grateful for their editorial support, wisdom, and collective experience.

The column is meant to be an educational forum for life care planners. It is not designed to offer an authoritative opinion from the editor or editorial board of the Journal of Life Care Planning, the board of the International Academy of Life Care Planners, or the board of its parent organization, the International Association of Rehabilitation Professionals, nor is it designed to represent or replace official opinions from the certifying body of other organizations associated with the practice of life care planning.

Dilemma

An attorney recently contacted me and requested, to save money on the case, that I do a medical cost projection as opposed to a life care plan. She doesn't want to pay me to read extensive records, personally evaluate the person, or contact treaters. Should I be concerned?

Response

There can be several valid reasons for the attorney to want to save costs on a given case. The most important consideration for you as a life care planner is to provide transparency and disclosure about the limitations of such a document to the referral source and the readers of the cost projection. For example, in your document you might state, "This report is a medical cost projection. Unlike a life care plan, extensive records were not reviewed, the person (for whom this cost projection was written) was not seen or evaluated, and treaters were not contacted. Costs and frequency replacements may be a general estimate. A full life care plan may be completed upon request of the referral source."

Products that deviate from the standards and methods of life care planning (e.g., Medicare Set Aside) have been found to be needed in some jurisdictions. Research in life care planning has found that there is no broad-based agreement on what such a product might be, although the most common term is Medical Cost Projection (MCP). There is also no broad-based agreement about what specific services may be different from life care planning, such as meeting with the evaluee, physicians, extent of the recommendations, or more. Different training programs or certification bodies have started acknowledging and embracing the need for this different

product. The life care planner may want to explore what the differences are in their region or jurisdiction, or how MCP is taught or explained as different in training or credentialing bodies.

Relevant Organizational Standards

From the Commission on Rehabilitation Counselor Certification. (2023). Code of professional ethics for rehabilitation counselors.

B.3. Information Shared with Others: i. Disclosure to Referral Sources. CRCs/CCRCs adhere to appropriate disclosure of confidential information to referral sources and other professionals providing services on the same case.

a. Primary Obligations. CRCs/CCRCs in a forensic setting produce unbiased, objective opinions and findings that can be substantiated by information and methodologies appropriate to the service being provided, which may include evaluation, research, and/or review of records.

G.3. Forensic Practices a. Case Acceptance and Independent Opinion. CRCs/CCRCs in a forensic setting have the right to accept any referral within their area(s) of expertise. They decline involvement in cases when asked to support predetermined positions, assume invalid representation of facts, alter their methodology or process without foundation or compelling reasons, or when they have ethical concerns about the nature of the requested assignments.

From the International Academy of Life Care Planning Standards of Practice (2022)

Standards Of Practice

8. Standard: The life care planner establishes working expectations with the referring party.

Practice Competencies:

a. Seeks mutual acknowledgment of the scope of services requested.

Assessment and Evaluation of an Evaluee

This step refers to the activities performed in gathering the information necessary for preparation of a life care plan.

1. Standard: The life care planner performs comprehensive assessment through the process of data collection involving multiple elements and sources.

Practice Competencies

a. Uses a consistent, valid, and reliable approach to data collection.

b. Collects data in a systematic, comprehensive, and accurate manner.

Education Of Consumers/Users of Life Care Plans

This step identifies activities to ensure that the life care plan, and the process by which it is created, is understood.

1. Standard: The life care planner, as an educator, facilitates understanding of the life care planning process, the life care plan, and work product.

Practice Competencies

a. Provides follow-up consultation as appropriate and permitted to facilitate understanding and interpretation of the life care plan.

From the CDMS Code of Professional Conduct (2023)

The fundamental spirit of caring and respect with which the Code is written is based upon five principles of ethical behavior. These include autonomy, beneficence, nonmaleficence, justice, and fidelity, as defined below:

Autonomy: To honor the right to make individual decisions. Beneficence: To do good to others.

Nonmaleficence: To do no harm to others. Justice: To act or treat justly or fairly.

Fidelity: To adhere to fact or detail.

Special consideration to these principles of ethical behavior must be given because of the unique service provider/individual client relationship, and because the certificant is in a position to potentially impact decisions made in favor or against the individual client.

Principles

Principle 1: Certificants shall endeavor to place the public interest above their own at all times.

Principle 2: Certificants shall respect the integrity and protect the welfare of those persons or groups with whom they are working.

Principle 7: Certificants shall obey all laws and regulations, avoiding any conduct or activity that could harm others.

RPC 1.04 – Description of Services

Board-Certified Disability Management Specialists shall explain services to be provided such that the client can understand and use the information to make informed decisions, understand the purpose, techniques, rules, procedures, expected outcomes, billing arrangements, and limitations of the services rendered.

From the ICHCC™ Practice Standards and Guidelines Revised Spring 2023; Twenty-second printing; ICHCC™

Principle 1 – Professional and Legal Standards ICHCC™ certificants shall behave in legal, ethical, and professional manner in the conduct of their profession, maintaining the integrity of the Code of the Professional Ethics and avoiding any behavior which would cause harm to other entities and/or individuals.

Rules of Professional Conduct: R1.1 ICHCC™ Certificants shall obey the laws and statutes in the legal jurisdiction in which they practice and are subject to disciplinary action for any violation, the extent that such violation suggests the likelihood of professional misconduct.

R1.2 ICHCC™ Certificants shall be familiar with, observe and discuss with their evaluees as well as referral sources the legal limitations of their services.

Principle 3 - Advocacy ICHCC™ Certificants shall serve as advocates for fair and balanced reporting regardless of the referral source, with the health, care, and safety of people with disabilities not to be compromised as a result of a submitted respective report.

Rules of Professional Conduct

R3.1 The ICHCC™ certificants shall further use his or her specialized knowledge and skills to do no harm to persons with disabilities with regards to the summary and conclusions of reporting, regardless of the referral source.

Principle 4 – Professional Relationships ICHCC™ Certificants shall act with integrity in their relationships with colleagues, other organizations, agencies, institutions, referral sources and other professions as to facilitate the contributions of all specialists.

R. 4.1 ICHCC™ Certificants shall ensure that there is a mutual understanding of the evaluation report by all parties involved.

R 4.2 ICHCC™ Certificants shall collaborate as a team with allied professionals in formulating reports when applicable.

R4.4 ICHCC™ Certificants shall obtain from other professionals' essential medical records and evaluations for report development or evaluating function and impairment.

Principle 9 - Competence ICHCC™ Certificants shall establish and maintain their professional competencies as mandated by their standards of practice.

R9.1 ICHCC™ Certificants shall function within the limits of which they are professionally qualified and competent.

R9.2 ICHCC™ Certificants shall continuously strive through reading, attending professional meetings and taking course instruction to keep abreast of new developments, concepts, and practices that are essential to providing the highest quality of services to their evaluees.

From the AANLCP Code of Ethics and Conduct. (2015)

2. The nurse life care planner maintains competency in nursing practice and nurse life care planning practice.

3. The nurse life care planner demonstrates high standards of professional conduct in delivering nurse life care planning services.

5. The nurse life care planner assumes responsibility and accountability for professional action, opinions, recommendations, and commitments.

6. The nurse life care planner provides professional services with objectivity.

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