INTERNATIONAL ASSOCIATION OF REHABILITATION PROFESSIONALS

Mitchell, N. (2025). Ethics Interface. *Journal of Life Care Planning, 23*(2), 80–87.
https://doi.org/10.70385/001c.142127

ETHICS INTERFACE

Ethics Interface

Nancy Mitchell, MA, OTR/L, CLCP, FIALCP

https://doi.org/10.70385/001c.142127

Journal of Life Care Planning

Vol. 23, Issue 2, 2025

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

I have been asked to be part of a life care planning duo that includes another life care planner from a different discipline so, as a team, we can cover most of the parts of the plan within our respective scopes of practice. How do I deal with being a member of a life care planning team with a colleague I believe has questionable life care planning methodology in regard to their scope of practice?

Response

Going outside of one's individual scope of practice is a breach of the standards of practice no matter the discipline. The opposing attorney may seek motion in limine, requesting that certain information be excluded from your testimony.

The Standards for Life Care Planners Forth Edition (2022) states: "To address the future care needs, the life care planner collaborates with other professionals in order to develop a transdisciplinary life care plan inclusive of recommendations outside of the individual life care planner's professional scope of practice. No single rehabilitation or health care professional is trained to have comprehensive expertise in all areas where recommendations may be needed. Even within a profession, there are specialty and sub-specialty divisions, which may limit the life care planner's ability to independently make all needed recommendations." Ethical concerns aside, this is also an important consideration for your business. It is critical when you sign a report, that you are in complete agreement with the contents. Any report which you author or co-author can create a paper trail that can follow you for your entire career.

You should first have a discussion with the other life care planner about your concerns and see if you can come to agreement about the contents and appropriate foundation included in the life care plan. If you are unable to reach common ground, you will need to contact your referral source to discuss the situation; it may be helpful to individually author reports, with one life care planner taking the lead role on the actual life care plan. This too should be discussed with your referral source. Information about individual scope of practices is contained in the special issue of the Journal of Life Care Planning Volume 17, Number 1, 2019.

Relevant Organizational Standards

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

Applying the Code: CRCs/CCRCs must be aware of laws related to their scope of practice and service delivery. At times, legal and ethical standards may conflict. In such situations, CRCs/CCRCs are encouraged to consult with supervisors, legal/ethical experts, CRC/CCRC colleagues, and others as appropriate and to use an ethical decision-making model to inform the decision.

E.4. Responsibility to the Public and Other Professionals

a. Harassment. CRCs/CCRCs do not condone or participate in harassment of any type.

b. Reports to Third Parties. CRCs/CCRCs are accurate, honest, and objective in reporting their professional activities and judgments to authorized third parties (e.g., courts, insurance companies, recipients of evaluation reports).

f. Conflict of Interest. CRCs/CCRCs recognize their own personal or professional relationships may interfere with their ability to practice ethically and professionally. Under such circumstances, CRCs/CCRCs are obligated to decline participation or to limit their assistance in a manner consistent with professional obligations. CRCs/CCRCs identify, make known, and address real or apparent conflicts of interest in an attempt to maintain the public confidence and trust, discharge professional obligations, and maintain responsibility, impartiality, and accountability.

g. Veracity. CRCs/CCRCs do not engage in any act or omission of a dishonest, deceitful, or fraudulent nature in the conduct of their professional activities. CRCs/CCRCs only take credit for work they have performed and, when using the work of others, ensure that appropriate credit is provided.

h. Disparaging Remarks. Whether in-person or via electronic means (e.g., virtual, online), CRCs/CCRCs do not disparage individuals or groups of individuals. CRCs/CCRCs refer to clients and colleagues with whom they work with professionalism, courtesy, and respect.

G.2. Forensic Competency And Conduct

a. Objectivity. CRCs/CCRCs in a forensic setting are aware of the standards governing their roles in performing forensic services. CRCs/CCRCs in a forensic setting are aware of the occasionally competing demands placed upon them by these standards and the requirements of the legal system. They attempt to resolve these conflicts by making known their commitment to this Code and taking steps to resolve conflicts in a responsible manner. The goal of CRCs/CCRCs in a forensic setting is to provide impartial findings to the trier of fact regardless of the retaining parties' interest in the outcome of a legal matter.

g. Review/Critique of Opposing Work Product. When evaluating or commenting upon the work or qualifications of other professionals involved in legal proceedings, CRCs/CCRCs in a forensic setting seek to represent their differences of opinion in a professional and respectful tone, and base their opinions on an objective examination of the data, theories, standards, and opinions of the other experts or professionals.

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.

b. Termination and Assignment Transfer. If it is necessary to withdraw from a case after having been retained, CRCs/CCRCs in a forensic setting assist evaluees and/or referral sources in locating another CRC/CCRC in a forensic setting to accept the assignment.

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

Standards Of Performance

2. Standard: The life care planner practices within their professional scope of practice. Practice Competencies:

a. Remains within the scope of practice for their profession as determined by state, provincial, or national credentialing bodies.

b. Independently makes recommendations for care items/services that are within the scope of practice of their own professional discipline.

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)

Principles

Principle 1: Board-Certified Disability Management Specialists shall endeavor to place the public interest above their own at all times.

Principle 2: Board-Certified Disability Management Specialists shall respect the integrity, dignity, and protect the welfare of those persons or groups with whom they are working.

Principle 3: Board-Certified Disability Management Specialists shall always maintain objectivity in their relationships with clients.

Principle 4: Board-Certified Disability Management Specialists shall act with integrity and dignity in dealing with other professionals.

Principle 5: Board-Certified Disability Management Specialists shall keep their technical competency at a level that ensures their clients will receive the benefit of the highest quality of service the profession can offer.

Rules of Professional Conduct

RPC 1.12 Misconduct Board—Certified Disability Management Specialists shall not engage in professional misconduct. Professional misconduct may include:

a. knowingly assisting or inducing another to violate or attempt to violate the Code, or doing so through the acts of another;

b. committing a criminal act that reflects adversely on the Board-Certified Disability Management Specialist's honesty or trustworthiness;

c. engaging in conduct involving dishonesty, fraud, deceit, or misrepresentation;

RPC 1.14 Conflict of Interest—Board-Certified Disability Management Specialists shall fully disclose an actual or potential conflict of interest to all affected parties. If, after full disclosure, an objection is made by any affected party, the Board-Certified Disability Management Specialist shall withdraw from further participation in the case. Board-Certified Disability Management Specialists shall refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as disability management specialists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

RPC 1.21 Supervision and Consultation

a. Limitations A Board-Certified Disability Management Specialist, through ongoing evaluation and appraisal, must be aware of the academic and personal limitation of supervisees that may impede performance. The Board-Certified Disability Management Specialist will assist supervisees to secure remedial assistance when needed and will discontinue supervision of individuals unable to provide competent disability management services due to professional, academic, or personal limitations. The Board-Certified Disability Management Specialist will seek professional consultation and supervision themselves and document their decisions to dismiss or refer supervisees for assistance.

From the American Academy of Physician Life Care Planners (2023)

Ethics and Professional Conduct

2. Objectivity:

A physician life care planner has an ethical, moral, and professional obligation which is narrow and specific: to objectively assess the physical and/or mental conditions of ill/injured individuals, and to objectively identify those medically-related goods and services he or she believes—based upon his or her education, training, skill, professional experience, and a reasonable degree of medical probability—will be required by those individuals in order to accomplish the Clinical Objectives of Life Care Planning.

6. Professional Conduct

A physician life care planner performs his/her duties of a life care planner with objectivity, honesty, personal accountability and respect. A physician life care planner does not knowingly engage in unlawful or unethical behavior or professional practices, nor does he/she knowingly pursue personal benefit through non-objective formulation of their professional opinions.

A physician life care planner recognizes that his/her conduct and behavior affects, not only his/her personal reputation, but the reputation of other life care planning practitioners, as well as the discipline of life care planning itself, and thereby comports him/herself appropriately/professionally.

7. Ownership & Personal Responsibility

A physician life care planner acknowledges that each life care plan addresses a unique set of circumstances and demands a unique set of requirements, and a physician life care planner assumes complete ownership, accountability and personal responsibility for the entirety of his/her life care plan, including all of its objective findings, medical opinions and recommendations, and quantitative conclusions.

8. Adherence to Other Applicable Professional Standards

A Certified Physician Life Care Planner (CPLCP) adheres to the ethical and professional requirements of the American Academy of Physician Life Care Planners, and to the ethical and professional requirements of their respective professions and/or other licenses/credentials, e.g. Certified Life Care Planners adhere to the ethical and professional standards of the International Commission on Health Care Certification (ICHCC); physiatrists who are life care planners adhere to the professional and ethical requirements of their medical licensing boards, as well as the ethical and professional standards of American Board of Physical Medicine and Rehabilitation, as well as to any other organizations which govern their respective credentials.

From the International Commission on Health Care Certification (2023)

Standards and Guidelines

Principle 1 – Professional and Legal Standards ICHCCTM 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 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.

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.

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.

Published: July 22, 2025 CDT.

References

American Academy of Nurse Life Care Planners. (2015). *AANLCP code of ethics and conduct*. https://www.aanlcp.org/ethics-in-nurse-life-care-planning-the-aanlcp-code-of-ethics-and-conduct/

American Academy of Physician Life Care Planners. (2023). *Ethics and professional conduct*. https://aaplcp.org/About/Ethics.aspx

Certification of Disability Management Specialists Commission. (2023). *Code of professional conduct with disciplinary rules procedures and penalties*. https://www.cdms.org/sites/default/files/docs/CDMS%20Code%20of%20Professional%20Conduct%20FINAL%202023.pdf

Commission on Rehabilitation Counselor Certification. (2023). *Code of professional ethics for rehabilitation counselors*. https://crccertification.com/wp-content/uploads/2023/04/2023-Code-of-Ethics.pdf

International Academy of Life Care Planners. (2022). *Standards of practice for life care planners* (4th ed.). International Academy of Life Care Planners, The Life Care Planning Section of The Association of Rehabilitation Professionals.

International Commission on Health Care Certification. (2023). *Standards and examination guidelines*. https://ichcc.org/images/PDFs/Standards_and_Guidelines_2023.pdf