

Ethics Interface

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This Ethics Interface column was written as a collaborative effort of its panel: Dorajane Apuna, Mary Barros-Bailey, and Ann Wallace with the editorial consultative support of Roger Weed and Tyron Elliot. The author is grateful for their wisdom and collective experience.

This 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 (IALCP), or the board of its parent organization, the International Association of Rehabilitation Professionals (IARP), nor is it designed to represent or replace official opinions from the certifying body or other organizations associated with the practice of life care planning.

Ethical Dilemma

I am a long term case manager and I also have a new life care planning business. I have provided case management services to an disabled individual to a client with a disability who is now in need of a life care plan. Her attorney has requested that I do the life care plan. I have become very close to the family, but I know I could write an objective life care plan. Is it ethical for me to accept this assignment and prepare the life care plan?

Response

The International Academy of Life Care Planners seems to provide a clear answer to this question. In the Standards of Performance: Ethical: Dual or multiple relationships, it states, "Serving in dual or multiple professional roles, such as case management or treater, is permitted as long as the simultaneous roles are not used for the purpose of providing benefit to the professional (e.g., recommending continued use of the professional without justification)." The Principles and Associated Rules written by the Commission on Health Care Certification (CHCC) are more general to this situation, "Disability examiners and life care planners will avoid establishing dual relationships with patients that could impair one's professional judgment or increase the risk of exploitation." Further, Gottlieb (1993) presented a decision-making model to help the psychologist determine the ethics of engaging in a dual relationship. Even in 1993, professionals were looking for guidance with multiple relationships. Considerations included the differences in power, the duration of contact, and the specificity of time of termination of contact. The overriding concern was to avoid exploitive relationships.

The concept of how a professional should think of dual or multiple relationships has been a changing one. Initially, the concept was to avoid such relationships, but there is a current movement to have the primary consideration be the *benefit of the client* (for this discussion, the client is the injured person with a disability). It is clear that the original intent of the avoidance of dual relationships was the potential of loss of objectivity and the prevention of exploitation for personal gain. In fact, it is now suggested that client benefit be the guiding factor in the determination of the ethics of dual relationships.

The terms “dual relationships” and “multiple relationships” are no longer used by some professional organizations. For example, the Commission on Rehabilitation Counselor Certification, the American Counseling Association, and the International Association of Rehabilitation Professionals have dropped this terminology from their conduct codes (Barros-Bailey & Crisafulli, 2006) in favor of the continuum of that relationship ranging from beneficial to the client, to exploitive or detrimental.

Cottone (2005) has suggested that the client be provided “fully informed written consent and the right to refuse services...Clients must be informed of any anticipated consequences...in the way services are provided (p. 13).” Thus far, the writers of the life care planning codes have not suggested written disclosure.

Recommendation

It may, in this author’s opinion, be prudent for the life care planner to have a written disclosure (preferably signed by the parties), or case notes documentation, and notation in the narrative of the life care plan indicating the life care planner’s disclosure as to potential risks of the changed relationship, and informed consent of all parties as to the life care planner’s role in the development of the life care plan which has been signed by the parties who are a part of the dual relationship. Those individuals signing the disclosure statement may include the person with the injury (client), the retaining attorney, and/or the company paying for the case management services. An example of such a disclosure is available at <http://www.crc certification.com/pages/30code.html>. This disclosure should include any potential problems associated with the changing role. If all parties are not in agreement with the life care planner’s dual role, the life care planner should reconsider accepting this case for the requested services. For example, a case management company that provides services for individuals receiving Workers’ Compensation benefits may object to their case manager writing a life care plan when it is requested by the plaintiff attorney. Likewise, if a life care planner accepts a case where conflicts can be identified by opposing counsel, the life care planner’s credibility could be the subject of attack. The life care planner and the retaining attorney should be prepared to deal with these potential issues. Written disclosure is a helpful first step.

References

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- Commission on Rehabilitation Counselor Certification. (2006). *Professional Disclosure Form - Private Sector Example – Forensic*. Retrieved April 12, 2008 from, <http://www.crc certification.com/pages/30code.html>
- Cottone, R. R. (2005). Detrimental therapist-client relationships-beyond thinking of “dual” or “multiple” roles: Reflections on the 2001 AAMFT code of ethics. *The American Journal of Family Therapy*, 33, p.1-17.
- Gottlieb, M. C., ((1993). Avoiding exploitive dual relationships: A decision making model. *Psychotherapy*, 30(1), p. 41-48.
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New Ethical Dilemma

I frequently have other experts assigned to a case contact me by email. I am uncomfortable with the informality and content of some of these communications. What should go in an email and what is “off limits”? What are the ethics of email communications for the life care planner?

A response to the above ethical dilemma will be published in the next issue of the *Journal of Life Care Planning*. The *Journal of Life Care Planning* welcomes the submission of real world ethical dilemmas. Submissions will be altered to promote confidentiality and be kept in the strict confidence. Please send confidential submissions via email to nancymitchell4574@yahoo.com.
