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Ethics Interface

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This column is intended to be an educational forum for life care planners. It is not designed to offer an authoritative opinion from the column authors, 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.

Dilemma

I recently completed a life care plan for a child who needs case management services. The case has settled and my work on the case is completed. The family has indicated they want to contract with me to work as the case manager. Would this be considered a dual relationship?

Response

In general, life care planners should avoid dual relationships whenever possible. It is simply good business practice to avoid a potential line of questioning for opposing attorneys that have the life care planner appear to be self serving. A life care planner making case management recommendations in the life care plan and then later providing those services can certainly create this impression.

Important resources for life care planners can provide varied guidance in this situation but can also provide conflicting information. The *Legal Nurse Consultant's Handbook* (2003), written by Patricia Iyer, states, "… a life care planner may be asked to act as the client's case manager. This is no longer a dual relationship once the case is resolved. The life care planner is an ideal position to implement the life care plan, which is a road map of care, for the best possible case management outcomes" (p. 517). This book is said to be the foundation for the credentialing process specific to nurses pursuing the nurse life care planner certification.

The *Standards of Practice for Life Care Planners* (2006) states:
IV. Standards of Performance a. Ethical

Dual relationships: A personal relationship with a client is not appropriate during the course of service. Developing Life Care Plans for friends, co-workers, professional colleagues, or anyone where the objectivity and professionalism of the care plan is questioned should be avoided.
2. Client advisement of role: Each client should be fully informed about the role of the Life Care Planner. For example, the client should be fully informed about who is requesting the Life Care Plan as well as the confidentiality of communications. Also, Life
Care Planners who have dual role responsibilities should clarify that they are not acting as a case manager, psychologist, etc. and what the limits of their participation might be.

The Certification of Disability Management Specialists Commission (CDMSC) *Code of Professional Conduct* could be used to interpret the scenario as being a breach of ethics, especially since the case manager/life care planner would be financially benefiting from the case management of the existing life care planning client. Several pertinent standards are noted below:

RPC 1.14 - Conflict of Interest

Certificants 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 certificant shall withdraw from further participation in the case. Certificants 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 managers or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

RPC 2.01 - Dual Relationships

All dual relationships must be disclosed. Certificants who provide services to an individual client at the request of a third-party payer shall disclose the nature of their dual relationship by describing their role and responsibilities to each party involved in the dual relationship. Dual relationships, other than payer/client, include but are not limited to familial, social, financial, business, close personal relationships with individual clients, or volunteer or paid work within an office in which the client is actively receiving services.

RPC 2.02 - Business Relationships with Clients

Certificants shall not enter into a commercial enterprise with any individual client.

The 2010 Commission on Rehabilitation Counselor Certification (CRCC) *Code of Professional Ethics for Rehabilitation Counselors* and the International Association of Rehabilitation Professionals *Code of Ethics* provide some guidelines in this situation as follows:

A.5.f. f. ROLE CHANGES IN THE PROFESSIONAL RELATIONSHIP. When rehabilitation counselors change roles from the original or most recent contracted

relationship, they obtain informed consent from clients or evaluees and explain the right to refuse services related to the change. Examples of role changes include: (1) changing from individual to group, relationship or family counseling, or vice versa; (2) changing from a forensic to a primary care role, or vice versa; (3) changing from a nonforensic evaluative role to a rehabilitation or therapeutic role, or vice versa; (4) changing from a rehabilitation counselor to a researcher role (e.g., enlisting clients as research participants), or vice versa; and, (5) changing from a rehabilitation counselor to a mediator role, or vice versa. The clients or evaluees must be fully informed of any anticipated consequences (e.g., financial, legal, personal, or therapeutic) due to a role change by the rehabilitation counselor.

F.1.c. DUAL ROLES. Rehabilitation counselors do not evaluate current or former clients for forensic purposes except under the conditions noted in A.5.f. or government statute. Likewise, rehabilitation counselors do not provide direct services to evaluees whom they have previously provided forensic services in the past except under the conditions noted in A.5.f. or government statute. In a forensic setting, rehabilitation counselors who are engaged as expert witnesses have no clients. The persons who are the subject of objective and unbiased evaluations are considered to be evaluees.

The *Occupational Therapy Code of Ethics and Ethics Standards* (2010) provide additional guidance:
NONMALEFICENCE
Principle 2. Occupational therapy personnel shall intentionally refrain from actions that cause harm.

C. *Nonmaleficence* imparts an obligation to refrain from harming others (Beauchamp & Childress, 2009). Avoid relationships that exploit the recipient of services, students, research participants, or employees physically, emotionally, psychologically, financially, socially, or in any other manner that conflicts or interferes with professional judgment and objectivity.

J. Avoid exploiting any relationship established as an occupational therapist or occupational therapy assistant to further one's own physical, emotional, financial, political, or business interests at the expense of the best interests of recipients of services, students, research participants, employees, or colleagues.

It is best to avoid the situation of a dual relationship. That being said, it is also best practice to first consider what is in the best interests of the person needing the life care plan and case management services. For a variety of reasons, the life care planner may simply *be the best or only person* available to provide case management services. In that case, it will be important to make a careful and honest decision. The life care planner should practice with transparency; offer a full disclosure to all involved parties; and obtain written informed consent from the evaluee/client.

Anything that could be viewed as a dual relationship should be a rare occurrence. While it may technically be ethical to make the transition from life care planner to case manager, in the perception of the legal and judicial community, it is probably not a good practice. It has potential to damage the profession's overall credibility.

New Dilemma

Is there an ethical problem when a life care planner assists the attorney with deposition questions for the opposing life care planner? Does this make the life care planner an advocate? How far should we go to "rip apart" the opposing life care plan/life care planner?

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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 strict confidence. Please send submissions to nancymitchell4574@yahoo.com.