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Ethics Interface

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This column is a collaborative effort of Nancy Mitchell, Mary Barros-Bailey, Dorajane Apuna, Dianne Simmons-Grab, Roger Weed and Judy LaBuda, Esq. 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 (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.

A special thank you is sent to the participants of the ethics presentation at the International Symposium on Life Care Planning (ISLCP) in Scottsdale, Arizona in September of 2011. Your lively participation and sharing of the ethical problems you have experienced in your practices allow all of us to learn and be better in the work we do every day.

Dilemma

What do you do when a physician colleague testifies that in their opinion only nurses and physicians are qualified to author a life care plan, as they have the appropriate medical background? The physician does not define CRCs as a part of this group.

Response

The specialty practice of life care planning is recognized as a transdisaplinary practice for a number of professionals. Disciplines may include, but not be restricted to, nursing, rehabilitation counseling, medicine, physical, occupational or speech therapy, or psychology.

Each person's educational background and work experience provides a unique set of skills and experiences which he or she brings to their life care planning practice. The life care planning process follows a methodology that can be broadly applied across disabilities and conditions. It is the responsibility of the life care planner to examine his or her own qualifications when accepting a given case.

A newly licensed provider in any specialty practice including physicians and nurses are unlikely to possess the skills, knowledge, and experience necessary to appropriately research, evaluate, and effectuate a life care plan until the individual has worked under the supervision of an experienced life care planner.

Rehabilitation counselors, as a professional discipline, have been involved in medical case management for decades. Additionally, medical school and nursing schools rarely, if ever, teach life care planning concepts or methodology whereas CORE (Counsel on Rehabilitation Education) masters in rehabilitation counseling programs are required to teach foundations for life care planning. But even a person who is a graduate of such a program would benefit from the supervision of an experienced life care planner.

Life care planners often lack awareness of the full scope of the education and experience of other life care planners when the primary profession is different from their own.

It is important for life care planners to inform themselves about the education of their peers and demonstrate respect for all disciplines who do the work.

It is typical practice for life care planners to provide critiques of the qualifications, methodology, and work product of the life care planner who may possess an adverse opinion. This however, should be done without personal attack.

It is unclear without seeing actual transcripts if this physician actually made a remark that would qualify as disparaging. If indeed the physician said only nurses and physicians are qualified to be life care planners, this would appear to be a remark unsupported by fact, which provides blanket criticism to countless qualified life care planners. It is unfounded and inaccurate information. If the physician critiques a CRC's work product in a given case and testifies that their educational, clinical background, or the resources they used to form their opinion were inadequate; this may be a legitimate assessment.

The standards of practice from varied sources provide us guidance particularly for acceptance of the transdisaplinary nature of the practice of life care planning and for need for integrity in our professional relationships. Fellow life care planners should be treated with respect and critiqued fairly and accurately.

The International Academy of Life Care Planners (IALCP) Standards of Practice
I. Introduction
A. Definition of Life Care Planning
C. Transdisciplinary Perspective

Life Care Planning is a transdisciplinary specialty practice. Each profession brings to the process of Life Care Planning practice standards which must be adhered to by the individual professional, and these standards remain applicable while the practitioner engages in Life Care Planning activities. Each professional works within specific standards of practice for their discipline to assure accountability, provide direction, and mandate responsibility for the standards for which they are accountable.

…. In addition, the individual practitioner must examine their qualifications as applied to each individual case. Therefore, a thorough knowledge of the medical diagnosis, disability and long-term care considerations, by virtue of education and experience, is a necessary component of the practitioner's competency for each individual case.

D. Education/Preparation/Certification

The Life Care Planner must:

1. Possess the appropriate educational requirements as defined by their professional standards; e.g., nurses should possess the requirements to acquire licensure, rehabilitation counselors should possess the requisite Masters Degree, and other health professionals should possess the required degree for their field.

2. Maintain current professional licensure or National Board Certification within a professional health care discipline.

3. Demonstrate completion of an accredited program in nursing or a baccalaureate or higher level educational program in a professional health care field. Fields may include, but not be limited to, nursing, rehabilitation counseling, medicine, physical, occupational or speech therapy, or psychology.

4. Demonstrate professional discipline provides sufficient education and training to assure

that the Life Care Planner has an understanding of human anatomy and physiology, pathophysiology, the health care delivery system, the role and function of various health care professionals, and clinical practice guidelines and standards of care.

5. Participate in specific continuing education, required to maintain the individual practitioner's licensure or certification within their profession.

6. Obtain continuing education and/or training to remain current in the knowledge and skills in the field.

The International Commission on Health Care Certification (ICHCC) Standards and Examination Guidelines

Certified Life Care Planner Test (CLCP)

Qualified Health Care Professional

The ICHCC does not discriminate against any applicant for CLCP certification because of race, color, religion, creed, age, gender, national origin or ancestry. However, the ICHCC reserves the right to reject an application based on one's documented professional misconduct, a history of licensure or certification revocation, or convictions related to criminal misdemeanors or felony charges.

The designation of a health care professional must be specific to the care, treatment, and/or rehabilitation of individuals with significant disabilities and does not include such professions as attorney, generic educators, administrators, etc., but does include such professions as counseling and special education with appropriate qualifications.

This designation of qualified healthcare professional is based on a background of education, training, and practice qualifications. A background of only experience and/or designated job title is not accepted as a qualified health care professional for this credential.

Completion of training in life care planning, experience developing life care plans, or being qualified in the court system would not provide credential qualification without meeting the criteria for a qualified health care professional.

Due to their unregulated status or professional status that varies among states, the following is offered as clarification for qualified status regarding the following professionals:

- Rehabilitation Counselor - CRC
- Case Manager - CCM
- Counselor - NCC, CRC, or State License or State Mandate to Practice
- Psychologist - State License or State Mandate to Practice
- Special Education - Undergraduate or Graduate Degree in Special Education
- Social Worker - MSW or State License in Social Work

Nursing with an emphasis in rehabilitation - under graduate or graduate degree in nursing

Regarding graduate students holding a graduate degree, they may be deemed qualified provided they hold a graduate degree from an accredited program with a focus in rehabilitation in one or more of the following areas:

- Counseling
- Case Management
- Psychology
- Life Care Planning

Rules of Professional Conduct

R9.1 Disability examiners and life care planners will function within the limits of their defined role, training, and technical competency and will accept only those positions for which they are professionally qualified.

Principle 4 - Professional Relationships

Disability examiners and life care planners shall act with integrity in their relationships with colleagues, other organizations, agencies, institutions, referral sources, and other professions so as to facilitate the contribution of all specialists toward achieving optimum benefit for patients.

The Certified Disability Management Specialist (CDMS) Code of Ethics

Principles

Principle 4: Certificants shall act with integrity in dealing with other professionals.

CODE OF PROFESSIONAL ETHICS FOR REHABILITATION COUNSELORS

D.5. RESPONSIBILITY TO THE PUBLIC AND OTHER PROFESSIONALS

g. DISPARAGING REMARKS. Rehabilitation counselors do not disparage individuals or groups of individuals.

GLOSSARY OF TERMS

DISPARAGING REMARKS: public statements that degrade, belittle, minimize, defame, demean, humiliate, or scorn individuals or groups of individuals. These differ from critiques, which are intended to provide comparisons of thoughts, ideas, methods, work products, or conclusions. If statements criticize the individual as a person, their character or intellect, or are based on incorrect information or fictional claims, these are considered disparaging remarks.

References

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New Dilemma

I am a life care planner who works mostly in the state of my residence. I recently was in court in another state and testified on the same day as a rehab counselor who provided expert testimony on the injured person's work losses. He told me he had been impressed with my work and could potentially refer me more cases. He wants me to pay him a percentage of my fees for any cases he refers to me. I want to grow my business but this somehow seems wrong to me. It is very important to me to follow the ethical standards of our practice.

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.

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Psychosocial Aspects of Disability: Insider Perspectives and Counseling Strategies

Published by: Irmo Marini, Ph.D., Noreen Glover-Graf, Rh.D., & Michael J. Millington (2012). New York: Springer.

Book review by: Valerie J. Rodriguez

This is a first edition textbook by these well-known authors in the rehabilitation counseling field. The book's 16 chapter emphasis is on the psychological and sociological aspects of disability along with specific strategies on counseling persons with disabilities. A unique aspect of this text is the 16 personal interest stories at the end of each chapter, written by persons who have experienced different types of disabilities including tetraplegia, head injury, polio, blindness, deafness, paraplegia, amputation, severe mental illness, and others. It is written primarily for rehabilitation counselors and educators; however, has excellent practical information for anyone working with these populations. There are a couple specific chapters that may have some direct benefit for life care planners.

In part one, there are four chapters dealing specifically with how society and special-interest and occupational groups have viewed, treated/mistreated, and worked with persons with various disabilities. This section explores disability from a sociological standpoint, also considering cultural differences which may be helpful for life care planners working with persons of minority or from other cultures. It specifically explores how these other cultures view loved ones and persons with disabilities. In addition, chapter 4 regarding attitudes toward disability by special interests and occupational groups explores a section regarding how opposing side attorneys view disability as well as the medical profession.

In part two, the authors deal with topics including theories of adjustment to disability, family adaptation, sexuality, and the psychosocial world of the injured worker. In this section in particular, life care planners may benefit from the empirical literature cited in dealing with the adjustment process, particularly when contemplating counseling or psychotherapy for individuals life care plans are being developed. Similarly, family adaptation to disability including cultural differences may be beneficial when designing life care plans and considering a holistic approach with empirical data validation for any recommendations. The psychosocial world of the injured worker also provides numerous empirical study findings particularly for life care planners who also function as vocational experts, with a section dealing with chronic pain. In dealing with the vocational recommendations in the life care plan, life care planners may benefit from resources provided in this chapter.

Part three contains three chapters, quality of life over the life span, implications of social support and care-giving for loved ones, and positive psychology. Since quality of life pertaining to life care planning and hedonics are often considered as not medically necessary, standard protocol for life care planners considering the health maintenance section of their plans may find information in this chapter particularly relevant concerning quality of life. The

empirical citations alone are worthy of further exploration when considering an individual's mental health as well as their medically necessary physical health future needs. The authors cite the unequivocal link between mental health and quality of life. Implications of social support and care-giving will also provide life care planners with well-documented empirical literature about the pros and cons of care-giving. This is a well-balanced chapter that indicates not only the stress of being a caregiver, but also the rewards of caring for a loved one who is unable to care for him or herself. The end of this chapter provides a summary of the literature, and can provide life care planners with some valid literature to report their recommendations regarding what is often the most costly aspect of a life care plan.

Part four is the last section of the book which does not appear to have much application for life care planners; however, there is again additional information regarding which counseling theories and techniques work best with different populations and their families. The chapter on ethical responsibilities in working with persons with disabilities is unique and moves away from a traditional boring litany on ethics, covering interesting topics such as end-of-life issues, common ethical violations, online counseling, and other contemporary issues. The book's final chapter discusses the concepts of advocacy and social injustice, calling for practitioners to acknowledge and work with clients in combating oppression, discrimination, and social injustice. Although life care planners are supposed to be objective, impartial evaluators; the chapter does provide food for thought for our discipline to step back from our strict roles of simply developing the life care plan, where we may otherwise be able to recommend and/or refer when necessary.

Overall, the text comes highly recommended and endorsed by one of the top renowned rehabilitation educators in the country, Dr. Michael Leahy at Michigan State. In addition, the 16 story personal perspectives of individuals with differing disabilities may provide life care planners with interesting insights regarding the lived experience of disability.

Valerie J. Rodriguez
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