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Ethics Interface

Nancy Mitchell, M.A., OTR/L, ATP, CLCP, FIALCP

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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 J*ournal 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 or other organizations associated with the practice of life care planning.

Dilemma

I was recently retained by a plaintiff attorney and just completed my in-home evaluation of the injured person. The evaluee and her family are wonderful but unsophisticated people. It is clear to me that this person has been given inadequate care by her treatment team who continues to be involved. Where can I share my opinions to make sure this woman gets the care she needs and deserves before the life care plan is implemented? Do I dare suggest a change in providers? What are my boundaries?

Response

It is your responsibility to guide this person to appropriate care. Our standards and professional ethics direct us to assist the injured person in achieving optimal outcomes. At the same time we are instructed to not disparage other professionals. It will be important for you to share your opinions with the appropriate people.

Since this is a plaintiff case, discuss your concerns with the referring attorney. Be prepared to offer suggestions for alternative medical professionals who will be able to evaluate the person to obtain the needed care.

Relevant Organizational Standards

From the **International Academy of Life Care Planning Standards of Practice (2009):**

I. Introduction

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. These include, but are not limited to, activities related to quality of care, qualifications, collaboration, law, ethics, advocacy, resource utilization, and research. Moreover, each individual practitioner is responsible for following the Standards of Practice for Life Care Planning in addition to the standards for the qualifying profession.

II. Philosophical Overview/Goals of Life Care Planning

A. To assist the client in achieving optimal outcomes by developing an appropriate plan of prevention of complications and restoration. This may include recommendations for evaluations or treatment that may contribute to the client's level of wellness or provide information regarding treatment requirements.

B. To provide health education to the client and interested parties, when appropriate.

C. To develop accurate and timely cost information and specificity of service allocations that can be easily utilized by the client and interested parties.

D. To develop options for care that may be necessary for alternative situations.

E. To communicate the Life Care Plan and objectives to the client and interested parties, when appropriate.

III. Role And Functions Of Life Care Planning

A. Scope of practice/applications

As a member of a health care profession, the Life Care Planner must remain within the scope of practice for that profession as determined by state or national bodies. The functions associated with performing Life Care Planning are within the scope of practice for health care professionals, or evidenced by assessment.

Research analysis of data and evaluation of care recommendations are key elements in the functions of life care planning. In performing these elements, the Life Care Planner will communicate with a variety of health care professionals regarding a case.

The Life Care Planner does not assume decision-making responsibility beyond the scope of his/her own professional discipline.

C. Functions

1. Assessments – Assessment is the process of data collection and analysis involving multiple elements and sources.
   a. Collects data that is systematic, comprehensive, and accurate.
   b. Collects data about medical, health, bio-psychosocial, financial, educational, and vocational status and needs.
   c. Obtains information from medical records, client/family/significant others (when available or appropriate), and relevant treating or consulting health care professionals. If consulting health care access to any source of information is not possible (e.g., denied permission to interview the client), this should be so noted in the report.
2. Plan Development Research
   The determination of content and the cost research components of Life Care Planning require a consistent, valid and reliable approach to research, data collection, analysis, and planning. The Life Care Planner:
   a. Determines current standards of care and clinical practice guidelines from reliable sources, such as current literature or other published sources, collaboration with other professionals, education programs, and personal clinical practice.
   b. Researches options and costs for care, using sources that are reasonably available to the client.
   c. Considers appropriate criteria for care options such as admission criteria, treatment indications or contraindications, program goals and outcomes, whether recommended care is consistent with standards of care, duration of care, replacement frequency, ability of the client to appropriately use services/products, and care is reasonably available.
   d. A consistent method is used to determine available choices and costs.
3. Data Analysis
   a. Analyzes data to determine client needs and consistency of care recommendations with standards of care.
   b. Assesses need for further evaluations or expert opinions.
5. Collaboration
   a. Develops positive relationships with all parties.
   b. Seeks expert opinions, as needed.
   c. Shares relevant information to aid in formulating recommendations and opinions.
6. Facilitation
   a. Maintains objectivity and assists others in resolving disagreements about appropriate content for the Life Care Plan.
   b. Provides information about the Life Care Planning process to involved parties to elicit cooperative participation.
7. Evaluation
   b. Reviews the Life Care Plan for consistency with standards of care and seeks resolution of inconsistencies.
   c. Provides follow-up consultation to ensure that the Life Care Plan is understood and properly interpreted.

IV. Standards of Performance

A. Ethical

Ethics refers to a set of principles of "right" conduct, a theory or a system of moral values, or the rules or standards governing the conduct of a person or members of a profession. The primary goal of practice ethics is to protect clients, provide guidelines for practicing professionals, and to enhance the profession as a whole.

From the **Commission on Health Care Certification (2013):**

Principle 2 – Evaluee and ICHCC Certificants Relationship

ICHCC Certificants shall respect the integrity and protect the welfare of people and groups with whom they work. The primary obligation of the certificant is to the evaluee outside of independent medical examinations and independent review of plans in which no physician/patient relationship exists.

Rules of Professional Conduct:

R2.4 ICHCC Certificants' primary obligation and responsibility is to the catastrophically or non-catastrophically disabled person for whom assessment, evaluation, medical and vocational and rehabilitation needs are being determined.

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 the "disabled" individual 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.

Rules of Professional Conduct:

R4.5 ICHCC certificants shall not discuss with evaluee and/or referral source reputations and/or competency of colleagues in a disparaging manner,

nor will they provide judgments to the evaluees regarding quality and appropriateness of treatment they may have received from other professionals.

From the **Commission for Case Manager Certification Code, Professional Conduct for Case Managers:**

CCMC Code of Professional Conduct for Case Managers – Preamble

II. Underlying Values

Belief that case management is a means for improving client health, wellness and autonomy through advocacy, communication, education, identification of service resources, and service facilitation.

Recognition of the dignity, worth and rights of all people.

Understanding and commitment to quality outcomes for clients, appropriate use of resources, and the empowerment of clients in a manner that is supportive and objective.

Belief in the underlying premise that when the individual(s) reaches the optimum level of wellness and functional capability, everyone benefits: the individual(s) served, their support systems, the health care delivery systems and the various reimbursement systems.

Recognition that case management is guided by the principles of autonomy, beneficence, nonmaleficence, and justice.

III. Definition of Case Management

Case management is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health needs. It uses communication and available resources to promote quality, cost-effective outcomes.

Section 1 – Advocacy

S 1 – The Advocate

Certified case managers will serve as advocates for their clients and ensure that:

a) a comprehensive assessment will identify the client's needs.
b) options for necessary services will be provided to the client.
c) clients are provided with access to resources to meet individual needs

From the **CDMS Code of Professional Conduct (2010):**

CDMS Code of Professional Conduct – Preamble

Certified Disability Management Specialists (certificants) recognize that their actions or inactions can either aid or hinder clients in achieving their objectives, and they accept this responsibility as part of their professional obligation. Certificants may be called upon to provide a variety of services and they are obligated to do so in a manner that is consistent with their education, formal training, and work experience. In providing services, certificants must demonstrate their adherence to certain standards. The CDMS Code of Professional Conduct (Code) has been designed to achieve these goals.

The basic objective of the Code is to protect the public interest. Accordingly, the Code consists of two kinds of standards: Principles and Rules of Professional Conduct.

The Principles are fundamental assumptions to guide professional conduct. They are aspirational in nature and their intent is to guide and inspire disability management specialists toward the very highest ethical ideals of the profession. They are not intended to relieve certificants of their obligation to be aware of and follow the applicable laws and regulations that govern their practice.

The Rules of Professional Conduct (RPCs) are divided into three sections:

Section I – Relationship with All Parties
Section II – Provision of Services to Individual Clients
Section III – Provision of Services to Organizational Clients

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 decision.
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.

From the Commission on Rehabilitation Counselor Certification, **Code of Professional Ethics for Rehabilitation Counselors (2010):**

B.3. Information Shared With Others

c. Clients Served By Others. When rehabilitation counselors learn that clients have an ongoing professional relationship with another rehabilitation counselor or treating professional, they request release from clients to inform the other professionals and strive to establish a positive and collaborative professional relationship. File review, second-opinion services, and other indirect services are not considered an ongoing professional relationship.

D.1. Professional Competence

a. Boundaries Of Competence. Rehabilitation counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, professional credentials, and appropriate professional experience. Rehabilitation counselors demonstrate beliefs, attitudes, knowledge, and skills pertinent to working with diverse client

populations. Rehabilitation counselors do not misrepresent their role or competence to clients.

F.1. Client Or Evaluee Rights

a. Primary Obligations. Rehabilitation counselors produce unbiased, objective opinions and findings that can be substantiated by information and methodologies appropriate to the evaluation, which may include examination of individuals, research, and/or review of records. Rehabilitation counselors form opinions based on their professional knowledge and expertise that can be supported by the data gathered in evaluations. Rehabilitation counselors define the limits of their opinions or testimony, especially when an examination of individuals has not been conducted. Rehabilitation counselors acting as expert witnesses generate written documentation, either in the form of case notes or a report, as to their involvement and/or conclusions.

Next Dilemma

I have been asked to evaluate the life care planning needs of a woman who is a member of a large local refugee community. Her rehabilitation physician is from the same ethnic community and practices functional medicine with medical recommendations that are very different from the consulting rehabilitation physician on the case. The consulting rehabilitation physician has made recommendations that are more consistent with what we learned in our LCP training from mainstream medical practices. I am struggling with how to be culturally sensitive to the needs of the evaluee and her rehabilitation physician as well as the recommendations of the consulting rehabilitation physician who will likely be representative of the kind of judge and jury who will hear this case. How do I address cultural issues in my life care plan?

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 strict confidence. Please send submissions via email to nancymitchellot@gmail.com.

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