

Ethics Interface

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This column is the collaborative effort of Nancy Mitchell, Mary Barros-Bailey, Sherry Latham, Bobbi Dominick, and Ann Neulicht. 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 this column designed to represent or replace official opinions from the certifying body or other organizations associated with the practice of life care planning.

Dilemma

I am a certified life care planner working on the opposing side of another certified life care planner. In my opinion, during the course of this opposing life care planner's work on this case, an ethical principle was breached. What is my responsibly to report this alleged ethical breach to the certifying agency? Should the legal case be resolved prior to a report? Should I just ignore this?

Response

While standards of our various professions vary greatly in the amount of detail addressing this issue, almost universally there is an obligation to report an ethical breach. A certified life care planner should report an ethical breach to the International Commission on Health Care Certification unless the information is protected by law. The timing of the report is a more complex issue. It will be important to go through a decision-making process using an ethics decision-making model that includes consultation with others, appropriate to the situation. It will be necessary to document the process and ultimate decision. The timing of the complaint may vary depending on the severity of the issue and potential harm that may occur as a result of the breach. It will be important that there is no appearance or intent to influence the outcome of the case. This should be discussed with the retaining attorney.

Relevant Organizational Standards

From the Commission for Case Manager Certification Code, *Code of Professional Conduct* (2015):

Standards for Professional Conduct

Section 2 – Professional Responsibility

S 8 - Reporting Misconduct

Certificants possessing knowledge, not otherwise protected as a confidence by this Code, that another

Certificant has committed a violation of any provision of this Code will promptly report such knowledge to CCMC and to such other authority as may be empowered to investigate or to act upon such actions or violations. Certificants will not initiate, participate in, or encourage the filing of complaints that are malicious, unwarranted, or without a basis in fact.

From the CDMSC *Code of Professional Conduct* (2014):

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.

Principles

Principle 1: Certificants shall endeavor to place the public interest above their own at all times.

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

RPC 1.02 – Representation of Qualifications

Certificants shall neither claim nor imply professional qualifications that exceed those possessed and shall take all necessary steps to correct any misrepresentation of these qualifications. A certificant who becomes aware of a misstatement of credentials by another certificant shall inform the Commission.

RPC 1.21 - Supervision and Consultation

Ethical Practice

When a certificant has reason to believe that he/she is faced with an ethical dilemma, they are required to seek out peer-to-peer consultation.

From the *Code of Professional Ethics for Rehabilitation Counselors* (2010):

L.2. Application of Standards

a. Decision-Making Models and Skills. Rehabilitation counselors must be prepared to recognize underlying ethical principles and conflicts among competing interests, as well as to apply appropriate decision-making models and skills to resolve dilemmas and act ethically.

b. Addressing Unethical Behavior. Rehabilitation counselors expect colleagues to adhere to the Code. When rehabilitation counselors possess knowledge that raises doubt as to whether another rehabilitation counselor is acting in an ethical manner, they take appropriate action.

c. Conflicts Between Ethics and Laws. Rehabilitation counselors obey the laws and statutes of the legal jurisdiction in which they practice unless there is a conflict with the Code. If ethical responsibilities conflict with laws, regulations, or other governing legal authorities,

rehabilitation counselors make known their commitment to the Code and take steps to resolve conflicts. If conflicts cannot be resolved by such means, rehabilitation counselors may adhere to the requirements of law, regulations, or other governing legal authorities.

d. Knowledge of Related Codes of Ethics. Rehabilitation counselors understand applicable ethics codes from other professional organizations or from certification and licensure bodies of which they are members. Rehabilitation counselors are aware that the Code forms the basis for CRCC disciplinary actions, and understand that if there is a discrepancy between codes they are held to the CRCC standards.

e. Consultation. When uncertain as to whether particular situations or courses of action may be in violation of the Code, rehabilitation counselors consult with other professionals who are knowledgeable about ethics, with supervisors, colleagues, and/or with appropriate authorities, such as CRCC, licensure boards, or legal counsel.

f. Organization Conflicts. If the demands of organizations with which rehabilitation counselors are affiliated pose a conflict with the Code, rehabilitation counselors specify the nature of such conflicts and express to their supervisors or other responsible officials their commitment to the Code. When possible, rehabilitation counselors work toward change within organizations to allow full adherence to the Code. In doing so, they address any confidentiality issues.

L.3. Suspected Violations

a. Informal Resolution. When rehabilitation counselors have reason to believe that another rehabilitation counselor is violating or has violated an ethical standard, they attempt first to resolve the issue informally with the other rehabilitation counselor if feasible, provided such action does not violate confidentiality rights that may be involved.

b. Reporting Ethical Violations. When an informal resolution is not appropriate or feasible, or if an apparent violation has substantially harmed or is likely to substantially harm persons or organizations and is not appropriate for informal resolution or is not resolved properly, rehabilitation counselors take further action appropriate to the situation. Such action might include referral to local or national committees on professional ethics, voluntary national certification bodies, licensure boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights (e.g., when clients refuse to allow information or statements to be shared) or when rehabilitation counselors have been retained to review the work of another rehabilitation counselor whose professional conduct is in question by a regulatory agency.

c. Unwarranted Complaints. Rehabilitation counselors do not initiate, participate in, or encourage the filing of ethics complaints that are made with reckless disregard or willful ignorance of facts that would disprove the allegation, or are intended to harm rehabilitation counselors rather than to

protect clients or the public.

From the *Standards of Practice for Life Care Planners* (3rd ed.), (2015) International Association of Rehabilitation Professionals (International Academy of Life Care Planners, The Life Care Planning Section of the International Association of Rehabilitation Professionals; Glenview, IL.

III. Standards of Performance

2. Standard: The life care planner shall practice in an ethical manner and follow the Code of Ethics of his or her respective professions, roles, certifications, and credentials.

Measurement Criteria:

a. Follows the Code of Ethics for his or her profession.

b. Follows the Code of Ethics for his or her professional roles, certifications, and credentials.

Ethical

5. Life care planners are professionals, from varying educational backgrounds, who maintain professional conduct when addressing opposing life care plan consultants. Life care plan consultants should focus upon methodology of plan development, supporting documentation for recommendations and plan content.

From the *Commission on Health Care Certification* (2015):

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.

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.

R4.8 ICHCC Certificants possessing knowledge of any rule violation of this Code of Professional Ethics is obligated to reveal information to the International Commission on Health Care Certification unless the information is protected by law.

From the AANLCP Standards of Practice (2008)

Standard 12. Ethics

The Nurse Life Care Planner integrates ethical provisions in all areas of practice.

Reports illegal, incompetent, or impaired practices as appropriate.

This journal welcomes the submission of real world ethical dilemmas. Submissions will be altered to promote confidentiality and kept in strict confidence. Please send submissions via email to nancymitchellot@gmail.com

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