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Ethics Interface

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

Dilemma

After I prepared a preliminary draft of a very complex life care plan, I provided it to the injured person at her request to see if she saw anything that may have been inadvertently omitted. She reviewed it and became very upset by some of the information I provided about her challenges. While it was not the final plan, I'm uncomfortable because the injured person is angry with me. Should I remove myself from the case?

Response

In very rare circumstances, it may be necessary to terminate involvement should issues arise in a case that cannot be resolved, and the life care planner cannot or wishes not to continue to provide services. Some of our standards of practice provide guidance for a specific method to terminate services.

At the onset of the evaluation, the purpose, scope, and practice of a life care plan should have been discussed during the disclosure and informed consent process. This process may be ongoing because of issues such as this that may emerge in the case. Therefore, before offering the final life care plan, the life care planner may want to again review with the evaluee the purpose of the life care plan and what is necessary to include in the report to support the opinions rendered. It will be important to review the areas of concern and see if they are a critical part of the life care plan or if the objectionable parts can be stated differently without losing information that is critical to the plan and maintaining life care planning methodology. It will be important to discuss this issue with your referral source.

Relevant Organizational Standards

From the International Academy of Life Care Planning Standards of Practice (2015)

IV. Standards Of Practice

7. Standard: The life care planner seeks collaboration when possible.

Measurement Criteria:

a. Fosters positive relationships with all parties.
b. Seeks expert opinions, as needed.
c. Shares relevant information to aid in formulating recommendations and opinions.

8. Standard: The life care planner facilitates understanding of the life care planning process.

Measurement Criteria:

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.

From the International Commission on Health Care Certification (2015)

I. PRINCIPLES AND ASSOCIATED RULES

Principle 1 - Professional and Legal Standards

ICHCC certificants shall behave in legal, ethical, and professional manner in the conduct of their profession, maintaining the integrity of the Code of the Professional Ethics and avoiding any behavior, which would cause harm to other entities and/or individuals.

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:

R2.3 ICHCC Certificants are obligated to clarify the nature of their relationship to all involved parties when providing services at the request of a third party. Similarly, and as expected, ICHCC Certificants have an obligation to provide unbiased, objective opinions regarding the evaluation results or care planning service regardless of referral source.

ICHCC Certificants will clearly define through written or oral means, the limits of their relationship, particularly in the areas of informed consent and legally privileged communications to all involved individuals.

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 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:

R. 4.1 ICHCC Certificants shall ensure that there is a mutual understanding of the evaluation report by all parties involved.

From CCMC Code of Professional Conduct for Case Managers (2015)

Section 3 - Case Manager/Client Relationships

S12 - Termination of Services

Prior to the discontinuation of case management services, Certificants will provide written notification of that discontinuation to all relevant parties consistent with applicable statutes and regulations.

Section 4 – Confidentiality, Privacy and Recordkeeping

S15 - Disclosure

At the outset of the Certificant-client relationship, Certificants will inform the client that any information obtained through the relationship may be disclosed to third parties. Disclosure of information will be made only to clients, payors, service providers, and governmental authorities and limited to what is necessary and relevant, except that the Certificant must reveal information to appropriate authorities, as soon as and to the extent that the Certificant reasonably believes necessary, to prevent the client from: a) committing acts likely to result in bodily harm or imminent danger to the client or others; and b) committing criminal, illegal, or fraudulent acts.

From the Commission for Case Manager Certification Code, Professional Conduct for Case Managers for Standards, Rules, Procedures, and Penalties (2015)

Principles

Principle 2: Certificants will respect the rights and inherent dignity of all of their clients.

Principle 3: Certificants will always maintain objectivity in their relationships with clients.

From the CDMS Code of Professional Conduct (2015)

Principles

Principle 2: Certificants shall respect the integrity and protect the welfare of those persons or groups with whom they are working.

Principle 3: Certificants shall always maintain objectivity in their relationships with clients.

Rules of Professional Conduct

Section 1 – Relationship with All Parties

RPC 1.04 – Description of Services

Certificants shall explain services to be provided to the extent necessary to assist the client to make informed decisions, understand the purpose, techniques, rules, procedures , expected outcomes, billing arrangements, and limitations of the services rendered and identify to whom and for what purpose the results of the services will be communicated.

Section 2 – Provision of Services to Individual Clients

RPC 2.03 – Confidentiality

a. Disclosure

Certificants shall inform the individual client at the outset of the certificant-client relationship that any information obtained through the relationship may be disclosed to third parties. Disclosure of information shall be limited to what is necessary and relevant, expect that the certificant must reveal information to appropriate authorities, as soon as and to the extent that the certificant reasonably believes necessary, to prevent the individual client from (1) committing acts likely to result in bodily harm or imminent danger to the individual client or others or (2) committing criminal, illegal, or fraudulent acts.

RPC 2.05 – Termination of Services

Certificants shall terminate disability management services to individual clients when such services are no longer required, no longer serve the individual client's needs or interests, or when requested by the organizational client/payor. When requested in writing by the organizational client/payor to remain working on an individual client's case by providing indirect services, certificants will notify all relevant parties in writing of their continuation of work on the case. Certificants in fee-for-service relationships may also terminate services with clients due to nonpayment of fees under the following conditions: (I) the client was informed of payment responsibilities and the effects of nonpayment or the termination of payment by a third party and (2) the client poses an imminent danger to self or others. As appropriate, certificants shall refer clients to another qualified professional to address issues unresolved at the time of termination.

From the Commission on Rehabilitation Counselor Certification, Code of Professional Ethics for Rehabilitation Counselors (2017)

A.8. Termination And Referral

a. Competence Within Termination and Referral.

If rehabilitation counselors determine they lack the competence to be of professional assistance to clients, they avoid entering or continuing professional relationships. Rehabilitation counselors are knowledgeable about culturally and clinically appropriate referral resources and suggest these alternatives. If clients decline the suggested referrals, rehabilitation counselors discontinue the relationship.

b. Values Within Termination and Referral.

Rehabilitation counselors refrain from referring prospective and current clients based solely on the rehabilitation counselor's personally held values, attitudes, beliefs, and behaviors. Rehabilitation counselors respect the diversity of clients and seek training in areas in which they are at risk of imposing their values onto clients, especially when the rehabilitation counselor's values are inconsistent with the client's goals or are discriminatory in nature.

c. Appropriate Termination And Referral.

Rehabilitation counselors terminate counseling relationships when it becomes reasonably apparent that clients no longer need assistance, are not likely to benefit, or are being harmed by continued services. Rehabilitation counselors may terminate services when in jeopardy of harm by clients or other persons with whom clients have a relationship. Rehabilitation counselors may terminate services: (1) if a client is determined no longer eligible for services; (2) when agreed-upon time limits are reached; or (3) when clients or funding sources do not pay agreed-upon fees or will not pay for further services. Rehabilitation counselors are aware of alternate resources in the communities in which they practice. They provide pre-termination counseling and recommend other clinically and culturally appropriate and accessible service sources when necessary. Rehabilitation counselors make reasonable efforts to assure clients are eligible for the services from the service provider to which they are making a referral.

d. Appropriate Transfer Of Services.

When rehabilitation counselors transfer or refer clients to other practitioners, they make reasonable efforts to ensure that appropriate counseling, services, and administrative processes are completed in a timely manner and that appropriate information and records are communicated and/or transferred to the referral source to facilitate a smooth transition.

e. Abandonment Prohibited.

Rehabilitation counselors do not abandon or neglect clients. Rehabilitation counselors assist in making appropriate arrangements for the continuation of services when necessary during extended absences and following termination.

F.3. Forensic Practices

a. Case Acceptance And Independent Opinion.

Forensic rehabilitation counselors have the right to accept any referral within their area(s) of expertise. They decline involvement in cases when asked to support predetermined positions, assume invalid representation of facts, alter their methodology or process without foundation or compelling reasons, or when they have ethical concerns about the nature of the requested assignments.

b. Termination and Assignment Transfer.

If it is necessary to withdraw from a case after having been retained, forensic rehabilitation counselors make reasonable efforts to assist evaluees and/or referral sources in locating another forensic rehabilitation counselor to accept the assignment.

References

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