

## Ethics Interface

*Nancy Mitchell*

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

I am a life care planner with a medical condition that currently makes it difficult for me to travel. I would like to develop a life care plan and do my evaluation with the use of technology rather than visit the person in their home. As a part of the assessment I typically do my own testing, some of which must be done face to face. Do our standards of practice address our ability to perform remote assessments?

### Response

Life care planners are required to perform a comprehensive evaluation, preferably face-to-face. Life care planning consensus statement number 73 says, "Life Care Planners shall conduct an in-person interview whenever permitted." It is likely an evaluation will be less complete if not done in the person's home; the physical accessibility and condition of a person's home as well as family interactions can provide the life care planner valuable information that may be lost using a telephone or video format.

The life care planner's ability to administer tests typically performed during an in-person assessment may be greatly limited, if not impossible. While there may be some remote options for testing, validity and proctoring issues must be addressed; reliable testing results are critical. If available, life care planners should be aware of guidelines for remote testing as provided by their primary profession. The impact of reduced or absent testing should be disclosed in the report.

There are a variety of reasons why it may be difficult to perform an in-person assessment at a given time, e.g., there may be a very significant inconvenience to the evaluatee or the life care planner. At other times, critical health concerns for either party may be an issue or an opposing attorney may not allow the assessment. Most recently physical distancing constraints have challenged all life care planner's typical methodologies.

Discuss with your referral source the reason you are unable to conduct an in-person assessment and suggest solutions. Make every effort to ascertain confidentiality and security in your chosen method of technology.

The use of various technology platforms may challenge not only the evaluatee but also the life care planner; those with less technology knowledge and experience are likely find this arrangement more frustrating. Plan extra time for technology adjustments and be mindful of potential equipment limitations of the evaluatee. Obtain a phone number at the beginning of the session in the event of technology failure. Be sensitive to potential cultural groups that may distrust technology or fear possibly being recorded. The need for an interpreter may necessitate programming that allows for three parties.

It will be important to be transparent in your report about the reasons an assessment was conducted remotely and how that may have limited/impacted the evaluation. If feasible, conduct a face-to-face assessment at a later date.

### Relevant Organizational Standards

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

#### 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 and regulatory requirements for his or her discipline to ensure accountability, provide direction, and mandate responsibility for the standards for which he or she is accountable. These standards include, but are not limited to, activities related to quality of care, qualifications, collaboration, law, ethics, advocacy, resource utilization, and research. In addition, each individual practitioner is responsible for following the Standards of Practice for Life Care Planners.

In addition, the individual practitioner must examine his or her qualifications, training, and experience as applied to each individual case. Therefore, knowledge of the medical diagnosis, disability, and future care considerations are necessary components of the practitioner's competency for each individual case.

#### III. Standards of Performance

1. Standard: The life care planner has an educational

background and professional preparation suitable for life care planning.

**Measurement Criteria:**

- a. Possesses the appropriate educational requirements in a rehabilitation or health care field as defined by his or her professional discipline.
- c. Demonstrates that the professional discipline provides sufficient education and training to assure that the life care planner has an understanding of human anatomy and physiology, pathophysiology, psychosocial and family dynamics, the health care delivery system, the role and function of various health care professionals, and clinical practice guidelines and standards of care. The education and training allows practitioners in the discipline to independently perform assessments, analyze and interpret data, make judgments and decisions on goals and interventions, and evaluate responses and outcomes.

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.

**IV. Standards of Practice**

2. Standard: The life care planner must have skill and knowledge in understanding the health care needs addressed in a life care plan.

**Measurement Criteria:**

- c. Provides a consistent, objective, and thorough methodology for constructing the life care plan, relying on appropriate medical and other health related information, resources, and professional expertise for developing the content of the life care plan.

3. Standard: The life care planner performs comprehensive assessment through the process of data collection and analysis involving multiple elements and sources.

**Measurement Criteria:**

- a. Collects data in a systematic, comprehensive, and accurate manner.
- c. Obtains information from medical records, evaluatee/family (when available or appropriate), relevant treating or consulting health care professionals and others. If access to any source of information is not possible (e.g., denied permission to interview the evaluatee), this should be so noted in the report.

5. Standard: The life care planner analyzes data.

**Measurement Criteria:**

- b. Assesses need for further evaluations or expert opinions.

6. Standard: The life care planner uses a planning process.

**Measurement Criteria**

- a. Follows a consistent method for organizing data, creating a narrative life care plan report, and projecting costs.

**Ethical**

4. Competency: The life care planner is expected to accurately represent any information received for a particular case. Recommendations are to have medical, rehabilitation, psychological, and case management foundations with appropriate medical specialist and treatment team collaboration when possible, with support from medical recommendations, clinical practice guidelines, research, and other current literature.

Each case is unique and the life care plan must demonstrate professional judgment in bringing together data, supporting documentation, and the individual characteristics of the person addressed within the plan.

From the International Commission on Health Care Certification (2020)

**Principle 1 - Professional and Legal Standards**

“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.” (ICHCC 2020)

“R1.1 ICHCC Certificants shall obey the laws and statutes in the legal jurisdiction in which they practice and are subject to disciplinary action for any violation, the extent that such violation suggests the likelihood of professional misconduct.” (ICHCC 2020)

**Principle 2 - Evaluatee and ICHCC Certificants Relationship**

“Principle 2 - Evaluatee 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 evaluatee outside of independent medical examinations and independent review of plans in which no physician/patient relationship exists.” (ICHCC 2020)

“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.” (ICHCC 2020)

**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.”(2020)

#### 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.” (ICHCC 2020)

#### Principle 9 - Competence

“ICHCC Certificants shall establish and maintain their professional competencies as mandated by their standards of practice.” (ICHCC 2020)

#### Rules of Professional Conduct:

“R9.1 ICHCC Certificants shall function within the limits of which they are professionally qualified and competent.” (ICHCC 2020)

“R9.2 ICHCC Certificants shall continuously strive through reading, attending professional meetings and taking course instruction to keep abreast of new developments, concepts, and practices that are essential to providing the highest quality of services to their evaluatees.” (ICHCC 2020)

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

##### Principles

Principle 1: Board-Certified Case Managers (CCMs) will place the public interest above their own at all times.

Standards for Board-Certified Case Manager (Ccm) Conduct

#### Section 1 - The Client Advocate

Board-Certified Case Managers (CCMs) will serve as advocates for their clients and perform a comprehensive assessment to identify the client's needs; they will identify options and provide choices, when available and appropriate.

#### Section 4 - Confidentiality, Privacy, Security and Recordkeeping

##### S 16 - Electronic Media

Board-Certified Case Managers (CCMs) will be knowledgeable about, and comply with, the legal requirements for privacy, confidentiality and security of the transmission and use of electronic health information. Board-Certified Case Managers (CCMs) will be accurate, honest, and unbiased in reporting the results of their professional activities to appropriate third parties.

#### From the CDMS Code of Professional Conduct (2015)

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 primary obligation of the certificant is to exercise independent judgment in offering appropriate recommendations that consider the client's needs and the parameters of the applicable disability management system. Regardless of whether direct client contact occurs or whether indirect services are provided, certificants are obligated to adhere to the Code. The RPCs prescribe the level of professional conduct required of every certificant. These rules shall apply to all modes of communication including, but not limited to, written, oral, electronic, telephonic, and Internet communications. Compliance with this level of conduct is mandatory and will be enforced through the Procedures for Processing Complaints.

#### Principles

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

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

Principle 5: Certificants shall keep their technical competency at a level that ensures their clients will receive the benefit of the highest quality of service the profession can offer.

#### Rules of Professional Conduct

##### Section 1 – Relationship with All Parties

##### RPC 1.03 – Competence

###### a. Impairment

Certificants shall refrain from accepting cases and/or providing professional services when their own physical, mental, or emotional impairments have the potential to cause harm to a client or others. Certificants are to be alert to the signs of impairment, to seek assistance for problems, and, if necessary, limit, suspend, or terminate their professional responsibilities.

##### RPC 1.09 – Reports

Certificants shall be accurate, honest, unbiased, and timely in reporting the results of their professional activities to appropriate third parties.

##### Section 2- – Provision of Services to Individual Clients

##### RPC 2.03 – Confidentiality

###### b. Recording

Certificants shall obtain permission from individual

clients prior to electronically recording a client using audio and/or video technology.

#### RPC 2.04 – Interruption of Services

Certificants shall make reasonable efforts to ensure continuity of services in the event that services are interrupted by factors such as unavailability, relocation, illness, disability, or death of any party involved in the case.  
Section 3 – Provision of Services to Organizational Clients

#### RPC 3.01 – Forensic Evaluation

When providing forensic evaluations for an individual or organization, the primary obligation of certificants shall be to produce objective findings and opinions that can be substantiated based on information and techniques appropriate to the evaluation, and as required by applicable case law within the appropriate jurisdiction, which may include assessment of the individual and/or review of records. Certificants shall define the limits of their reports or testimony, especially when an assessment of the individual has not been conducted.

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

##### A.3. Client Rights

a. Professional Disclosure Statement. Rehabilitation counselors review with clients, both orally and in writing, the rights and responsibilities of both the rehabilitation counselor and client. These are presented in a manner best suited to the needs of the client. Disclosure at the outset of the professional relationship minimally includes:

(8) risks associated with electronic communication

##### B.1. Respecting Client Rights

b. Permission to Record. Rehabilitation counselors obtain permission from clients prior to recording sessions through electronic or other means.

##### B.4. Groups and Families

a. Group Work. In group work, whether in-person or using electronic formats, rehabilitation counselors clearly explain the role and responsibility of each participant. Rehabilitation counselors state their expectation that all members maintain confidentiality for each individual and the group as a whole. Rehabilitation counselors also advise group members of the limitations of confidentiality and that confidentiality by other group members cannot be guaranteed.

J.1.b. Legal Considerations. Rehabilitation counselors who use technology, social media, and/or distance counseling in their practice understand they may be subject to laws in both

the rehabilitation counselor's practicing location and the client's place of residence. Rehabilitation counselors are aware of and adhere to laws governing the practice of counseling across state lines or international boundaries. Rehabilitation counselors seek business, legal, and technical assistance when necessary and make reasonable efforts to ensure that technology is used appropriately and client rights are protected.

##### J.2. Accessibility

c. Security. Rehabilitation counselors make reasonable efforts to ensure the security of confidential information transmitted or stored through any electronic means. Rehabilitation counselors use encryption and password-protection techniques for all technology-based communications to protect confidential client information.

J.3. a. Informed Consent and Disclosure. Clients have the freedom to choose whether to use technology-based distance counseling within the rehabilitation counseling process. In addition to the usual and customary protocol of informed consent between rehabilitation counselor and client for face-to-face counseling, the following issues, unique to the use of technology-based distance counseling, are addressed in the informed consent process:

(1) risks and benefits of engaging in the use of technology-based distance counseling;

J.3.d. Client Verification. Rehabilitation counselors who engage in the use of technology-based distance counseling to interact with clients take steps to verify the client's identity at the beginning and throughout the rehabilitation counseling process. Verification can include, but is not limited to, using code words, numbers, graphics, or other nondescript identifiers.

##### J.4. Social Media

a. Professional Electronic Presence. In cases where rehabilitation counselors maintain both professional and personal presences for social media use, separate professional and personal pages and profiles are created to clearly distinguish between the two kinds of electronic presence.

#### From the American Association of Nurse Life Care Planners-Code of Ethics 2015

##### Standard 1. Assessment

The nurse life care planner performs comprehensive data collection pertinent to the healthcare consumer's health and unique situation.

Competencies: The nurse life care planner:

- Documents relevant data in a retrievable format.
- Standard 5. Implementation
- The nurse life care planner provides for

implementation of the plan.

- Competencies: The nurse life care planner:
- Recognizes and uses technology, community resources, and systems as appropriate
- Provides for available healthcare technologies to maximize access and optimize outcomes for healthcare consumers.

#### Standard 5B. Health Teaching and Health Promotion

The nurse life care planner employs strategies to promote health and safety.

Competencies: The nurse life care planner:

- Addresses health and safety issues using data collected in the assessment, diagnosis, and planning processes.
- Provides for health teaching to address such topics as healthy lifestyles, risk reducing behaviors, developmental needs, activities of daily living, restorative measures, intended effects and potential adverse effects of proposed therapies, and preventive care.
- Provides for health teaching methods taking into account values, beliefs, health practices, developmental level, learning needs, readiness and ability to learn, language preference, spirituality, culture, and socioeconomic status.
- Provides for health promotion and maintenance, for example, weight loss, smoking cessation, support group participation, or exercise programs.

#### Standard 6. Evaluation

The nurse life care planner evaluates progress toward plan outcomes.

Competencies: The nurse life care planner:

- Incorporates a systematic and evidence-based process for outcomes evaluation in the life care plan.
- Uses evaluation findings to revise the nursing diagnoses, outcomes, life care plan, and implementation as needed.

#### Standard 7. Ethics

The nurse life care planner practices ethically.

Competencies: The nurse life care planner:

- Uses the current ANA Code of Ethics for Nurses with Interpretive Statements and AANLCP Code of Professional Ethics and Conduct for Nurse Life Care Planners with Interpretive Statements to guide practice.
- Practices in a manner that preserves and protects healthcare consumer autonomy, dignity, rights, values, and beliefs.
- Recognizes the centrality of the healthcare consumer and family as core members of any healthcare team.

#### Standard 11. Communication

The nurse life care planner communicates effectively in a variety of formats in all areas of practice.

Competencies: The nurse life care planner:

- Assesses communication format preferences of healthcare consumers, families and colleagues.
- Self-assesses communication skills in formal and informal professional interpersonal encounters.
- Seeks continuous improvement of own communication and conflict-resolution skills.
- Conveys information accurately.
- Questions the rationale supporting processes and decisions that do not appear to be in the best interest of the healthcare consumer.

#### Standard 14. Professional Practice Evaluation

The nurse life care planner self-evaluates nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules, and regulations.

Competencies: The nurse life care planner:

- Considers new and emerging technology and tools for improving work product.
- Provides the evidence for practice decisions and actions as part of the informal and formal evaluation processes.

#### Standard 15. Resource Utilization

The nurse life care planner recommends appropriate resources for safe, effective, and financially responsible healthcare services.

Competencies: The nurse life care planner:

- Considers new and emerging technology for inclusion in the plan.

#### Standard 16. Environmental Health

The nurse life care planner practices in an environmentally safe and healthy manner.

Competencies: The nurse life care planner:

- Attains knowledge of environmental health concepts, such as implementation of environmental health strategies.
- Promotes practice and care environments that reduce environmental health risks.
- Communicates environmental health risks and exposure reduction strategies to healthcare consumers, families, colleagues, communities, and others as appropriate.
- Evaluates scientific evidence to determine if a product or treatment is an environmental threat.
- Participates in strategies to promote healthy communities.

#### From Life Care Planning Consensus Statements

5. Life Care Planners shall understand the definition of reliability and consistently practice in such a manner.

6. Life Care Planners shall have knowledge of relevant laws and regulations as well as local and national care standards.
31. Standards of Practice shall allow for individual judgment and expertise.
35. Life Care Planners shall maintain objectivity.
42. Life Care Planners shall objectively place their client's interests before any personal or professional consideration.
45. Life Care Plans shall be individualized.
46. Life Care Plans shall be objective and consistent.
52. Life Care Planning shall depend on data collection, analysis and synthesis.
55. Life Care Plans shall utilize established procedures.
59. Life Care Planners shall utilize a reliable, consistent method for reaching conclusions.
62. Revised: Life Care Planners shall utilize standardized procedures and tools for gathering and reporting information and feature standardized forms and formats.
63. Revised: Life Care Planners will use consistent methodologies to evaluate similar cases.
68. Life Care Planners shall conduct an in-person interview whenever permitted.
72. Life Care Planners shall follow generally accepted methodology.
75. Life Care Planning products and processes shall be transparent and consistent.

## References

- American Association of Nurse Life Care Planners. (2015). Nurse life care planning scope and standards of practice. Salt Lake City, UT: Howland, W.
- Certification of Disability Management Specialists Commission. (2015). Code of professional conduct with disciplinary rules procedures and penalties. Schaumburg, IL: Author. Retrieved from: [www.http://cdms.org/uploads/files/CDMS\\_Code\\_of\\_Professional\\_Conduct.pdf](http://cdms.org/uploads/files/CDMS_Code_of_Professional_Conduct.pdf)
- Commission for Case Manager Certification. (2015). Code of professional conduct for case managers for standards, rules, procedures, and penalties. Retrieved from [http://www.Code of professional conduct for case managers/CCMC](http://www.Code_of_professional_conduct_for_case_managers/CCMC)
- Commission on Rehabilitation Counselor Certification. (2017). Code of professional ethics for rehabilitation counselors. Schaumburg, IL: Author. Retrieved from [https://www.crc certification.com/filebin/pdf/Final\\_CRC\\_C\\_Code\\_Eff\\_20170101.pdf](https://www.crc certification.com/filebin/pdf/Final_CRC_C_Code_Eff_20170101.pdf)
- International Association of Rehabilitation Professionals. (2009). Code of ethics, standards of practice, and competencies. Retrieved from <http://www.rehabpro.org/publications/standards-ethics/12.2007.pdf/view>
- International Academy of Life Care Planners. (2015). Standards of practice for life care planners. Third Edition. International Academy of Life Care Planners, The Life Care Planning Section of The Association of Rehabilitation Professionals. Retrieved from <https://higherlogicdownload.s3.amazonaws.com/REHABPRO/Standards%20of%20Practice%20for%20Life%20Care%20Planners%2>
- International Commission on Health Care Certification. (2020). Standards and examination guidelines. Retrieved from: <https://ichcc.org/images/PDFs/Practice-Standards-and-Guidelines-2020.pdf>
- Johnson, C., (2019) A Historical Review of Life Care Planning Summits since 2000; *Journal of Life Care Planning*, Vol. 17, No. 3 (37-51), Elliott and Fitzgerald; 2019.