

# Ethics Interface

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## Abstract

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 of other organizations associated with the practice of life care planning.

## Dilemma

I was recently asked to complete a life care plan for a case in which I was the second life care planner to be retained. The first planner did an extensive report, but the attorney decided not to use it due to scope of practice concerns; he had discovered the life care planner had been found to lack credibility in other cases and he wanted a fresh report. The attorney sent the prior life care plan to me for review but requested I not disclose that I had seen the prior plan when asked in deposition. Is this an ethical request?

## Response

The attorney is asking you to perjure yourself; willfully telling an untruth when under oath is quite simply wrong.

## Relevant Organizational Standards

**International Academy of Life Care Planning Standards of Practice (International Academy of Life Care Planners, 2015)**

II. Philosophical Overview / Goals of Life Care Planning - The life care plan is a document that provides accurate and timely information which can be followed by the evaluatee and relevant parties. It is a detailed document that can serve as a lifelong guide to assist in the delivery of health care services.

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.

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

4. Standard: The life care planner uses a consistent, valid, and reliable approach to research, data collection, analysis, and planning.

Measurement Criteria:

- a. Identifies current standards of care, clinical practice guidelines, services, and products from reliable sources, such as current literature or other published sources, collaboration with other professionals, education programs, and personal clinical practice.

5. Standard: The life care planner analyzes data.

Measurement Criteria:

- a. Analyzes data to determine evaluatee needs and consistency of care recommendations with standards of care.

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.
- c. Develops recommendations for content of the life care plan cost projections for each evaluatee and a method for validating inclusion or exclusion of content.

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.

**From the CDMS Code of Professional Conduct (Certification of Disability Management Specialists Commission, n.d.)**

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 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 decisions. 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.

Special consideration to these principles of ethical behavior must be given because of the unique service provider/individual client relationship, and because the certificant is in a position to potentially impact decisions made in favor or against the individual client.

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.

A code of professional conduct cannot guarantee ethical behavior. Moreover, a code of professional conduct cannot resolve all ethical issues or disputes or capture the richness of complexity involved in providing professional input within a moral community. Rather, a code of conduct sets forth values, ethical principles, and ethical standards to which professionals aspire and by which their actions can be judged. Disability management specialists' ethical behavior should result from their personal commitment to engage in ethical practice. The Code reflects the commitment of all disability managers to uphold the profession's values and to act ethically. Principles and rules of conduct must be applied by individuals of integrity who discern moral questions and, in good faith, seek to make reliable ethical judgments.

The CDMS recognizes that many certificants may hold more than one professional license or certification. It is the intent of the CDMS that the CDMS Code of Professional Conduct (ethics) which offers the greatest amount of protection for all parties, be in effect at any given time. At the same time, the Commission recognizes that it would not be appropriate to presume to enforce the codes of professional conduct or the code of ethics of any other certifying agency or any legal jurisdiction affecting a certificant. For that reason, the Commission will not review any allegations or violations of codes of ethics or professional conduct of any other certifying agency or legal jurisdiction.

#### Rules of Professional Conduct Section 1 – Relationship with All Parties

##### **RPC 1.09 – Reports**

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

**RPC 1.12 – Misconduct**

Certificants shall not engage in professional misconduct. It is professional misconduct if the certificant:

- c. engages in conduct involving dishonesty, fraud, deceit, or misrepresentation

**From the Commission on Rehabilitation Counselor Certification Code of professional ethics for rehabilitation counselors (Commission on Rehabilitation Counselor Certification, 2017)****D.5. Responsibility to the Public and Other Professionals**

- g. Veracity. Rehabilitation counselors do not engage in any act or omission of a dishonest, deceitful, or fraudulent nature in the conduct of their professional activities.

**L.1. Knowledge of Ethical Standards and the Law**

- b. Conflicts between Ethics and Laws. Rehabilitation counselors obey the laws of the legal jurisdiction in which they practice unless there is a conflict with the Code. If ethical responsibilities conflict with laws, 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.

**From ICHCC-Practice Standards and Guidelines (International Commission on Health Care Certification, 2020)**

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.

**Rules of Professional Conduct:**

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.

R1.2 ICHCC Certificants shall be familiar with, observe and discuss with their evaluatees as well as referral sources the legal limitations of their services.

R1.3 In the absence of legal guidelines, the Code of Professional Ethics is binding.

R1.4 ICHCC Certificants shall not engage in any acts or omission of a dishonest, deceitful, or fraudulent nature in the conduct of their professional activities.

R1.7 ICHCC Certificants shall refuse to participate in employment practices, which are inconsistent with the professional or legal standards regarding the treatment of employees or the public.

R1.8 ICHCC Certificants shall not misrepresent the credential.

R1.9 ICHCC Certificants shall not write, speak not act in ways that lead others to believe Certificants are officially representing the ICHCC unless such written permission has been granted by the ICHCC.

**From American Association of Nurse Life Care Planners. Nurse life care planning scope and standards of practice (American Association of Nurse Life Care Planners, 2015)**

Standard 7. Ethics

The nurse life care planner practices ethically.

**References**

- American Association of Nurse Life Care Planners. (2015). *Nurse life care planning scope and standards of practice*. American Association of Nurse Life Care Planners. Salt Lake City, UT.
- Certification of Disability Management Specialists Commission. (n.d.). *Code of professional conduct with disciplinary rules procedures and penalties*. [https://cdms.org/sites/default/files/docs/CCMC-19-CDMS-Code-Of-Conduct-Web%5C%20\(1\).pdf](https://cdms.org/sites/default/files/docs/CCMC-19-CDMS-Code-Of-Conduct-Web%5C%20(1).pdf)
- Commission on Rehabilitation Counselor Certification. (2017). *Code of professional ethics for rehabilitation counselors*. [https://www.crc certification.com/filebin/pdf/Final\\_CRCC\\_Code\\_Eff\\_20170101.pdf](https://www.crc certification.com/filebin/pdf/Final_CRCC_Code_Eff_20170101.pdf)
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- International Commission on Health Care Certification. (2020). *Standards and examination guidelines*. <https://ichcc.org/images/PDFs/Practice-Standards-and-Guidelines-2020.pdf>