Ethics Interface

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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 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 am considering retirement but am wavering about the decision. What are the ethical considerations for accepting new work when I really don't have a firm end date in mind?

Response

When life care planners accept a case, they should be committed to seeing the case to its completion, including potential trial testimony. If the original life care planner is not available for testimony it may be necessary for the referral source to hire another life care planner to evaluate and develop yet another life care plan, creating added expense and work. It is critical that these considerations be included when establishing a retirement timeline.

Relevant Organizational Standards

From the Commission on Rehabilitation Counselor Certification (CRCC) Code of professional ethics for rehabilitation counselors (Commission on Rehabilitation Counselor Certification, 2017)

A.3. CLIENT RIGHTS

a.5. 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: ... contingencies for continuation of services upon the extended absence, incapacitation, or death of the rehabilitation counselor.

A.8. TERMINATION AND REFERRAL

a. Competence with 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 with 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: 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.

B.3. INFORMATION SHARED WITH OTHERS

d. Client Assistants: Clients have the right to decide who can be present as client assistants (e.g., interpreter, personal care assistant, advocates). When clients choose to have assistants present, clients are informed that rehabilitation counselors cannot

guarantee that assistants will maintain confidentiality. Rehabilitation counselors impress upon assistants the importance of maintaining confidentiality. If the presence of a client assistant is detrimental to services, the rehabilitation counselor discusses the concern with the client. If the concern is not resolved, the rehabilitation counselor may consider termination and referral.

B.6. RECORDS AND DOCUMENTATION

e. Storage and Disposal after Termination: Rehabilitation counselors store records of their clients following termination of services to ensure reasonable future access. Rehabilitation counselors maintain records in accordance with organizational policies and laws, including licensure laws and policies governing records. Rehabilitation counselors dispose of records and other sensitive materials in a manner that protects client confidentiality. Rehabilitation counselors apply careful discretion and deliberation before destroying records that may be needed by a court of law (e.g., notes on child abuse, suicide, sexual harassment, or violence).

f. Reasonable Precautions: Rehabilitation counselors take reasonable precautions to protect the confidentiality of clients in the event of disaster or termination of practice, incapacity, or death of the rehabilitation counselor. Rehabilitation counselors appoint a records custodian when appropriate.

F.3. FORENSIC PRACTICES

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.

I.2. RIGHTS OF RESEARCH PARTICIPANTS

j. Research Records Custodian: As appropriate, rehabilitation counselors prepare and disseminate to an identified colleague or records custodian a plan for the transfer of research data in the case of their incapacitation, retirement, or death.

K.2. CLIENT RECORDS

c. Records Maintenance: Rehabilitation counselors securely maintain records necessary for rendering professional services to clients and as required by applicable laws and organizational policies. Subsequent to file closure or termination of services, records are stored in a secure manner that ensures reasonable future access for record retrieval. Records are destroyed in a manner assuring preservation of confidentiality. Rehabilitation counselors apply careful discretion and deliberation before destroying records that may be needed by a court of law.

d. Contingency Planning: Rehabilitation counselors prepare and disseminate to identified colleagues of records custodians a plan for the transfer of clients and files in the case of their incapacitation, death, or termination of practice.

K.4. TERMINATION AND REFERRAL: Rehabilitation counselors in fee-for-service relationships may terminate client services due to nonpayment of fees under the following conditions: (1) clients were informed of payment responsibilities and the effects of nonpayment or the termination of payment by third parties; and (2) clients do not pose an imminent danger to themselves or others. As appropriate, rehabilitation counselors refer clients to other qualified professionals to address issues unresolved at the time of termination.

International Academy of Life Care Planning Standards of Practice (International Academy of Life Care Planners, 2022)

IV. Standards of Practice

8 STANDARD: The life care planner establishes working expectations with the referring party.
Practice Competencies:

a. Seeks mutual acknowledgment of the scope of services requested.
c. Identifies conflicts or potential conflicts of interest.

Assessment And Evaluation of An Evaluee
This step refers to the activities performed in gathering the information necessary for preparation of a life care plan.

1 STANDARD: The life care planner performs comprehensive assessment through the process of data collection involving multiple elements and sources.
Practice Competencies:

a. Uses a consistent, valid, and reliable approach to data collection.
b. Collects data in a systematic, comprehensive, and accurate manner.

Education Of Consumers/Users of Life Care Plans
This step identifies activities to ensure that the life care plan, and the process by which it is created, is understood.
Practice Competencies:

1 STANDARD: The life care planner, as an educator, facilitates understanding of the life care planning process, the life care plan, and work product.
Practice Competencies:

c. Provides follow-up consultation as appropriate and permitted to facilitate understanding and interpretation of the life care plan.

From the CDMS Code of Professional Conduct (Certification of Disability Management Specialists Commission, 2019)

Disability Management Specialists (certificants) recognize that their actions or inactions can either aid or hinger clients in achieving their objectives, and they accept this responsibility as a part of their professional obligation.

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.

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 7: Certificants shall obey all laws and regulations, avoiding any conduct or activity that could harm others.

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.

- RPC 1.10 – Records
  This rule applies only to those records for which certificants have responsibility during the course of their employment or practice.

  a. Maintenance
     Certificants shall maintain records necessary for rendering professional services to their clients and as required by applicable laws and/or regulations.
  b. Storage and Disposal
     Certificants shall maintain records after the file has been closed for the number of years consistent with jurisdictional requirements or for a longer period during which maintenance of such records is necessary or helpful to provide reasonably anticipated future services to the client. After that time, records shall be destroyed in a manner assuring preservation of confidentiality and as required by applicable laws and/or regulations.

RPC 1.14 – Conflict of Interest Certificants shall fully disclose an actual or potential conflict of interest to all affected parties. If, after full disclosure, an objection is made by any affected party, the certificant shall withdraw from further participation in the case. Certificants shall refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as disability managers or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

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.

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.

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.

References

Certification of Disability Management Specialists Commission. (2019). *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

Commission on Rehabilitation Counselor Certification. (2017). *Code of professional ethics for rehabilitation counselors*. https://www.crccertification.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