



Ethics within a Standard of Care Analysis

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There is a strong relationship between psychological standards of care and the APA Code of Ethics, with standards of care determined by the following five components: 1) ethics; 2) statutes (e.g., child abuse reporting laws); 3) licensing board regulations; 4) case law (e.g., Tarasoff/duty to warn/protect in response to potential danger); and 5) consensus of the psychological community, psychological literature, and CPA/APA conferences and professional meetings. Other issues related to ethical concerns and psychological standards of care include: 1) informed consent; 2) informed consent documentation; and 3) record keeping. All considerations should be included in an analysis of standard of care by a psychologist deciding how to handle a clinical situation (Caudill, 2012).

In this article, we will consider a case example addressing the relationship between psychological standards of care, ethics, and risk management related to competence and multiple relationships, two areas among the most frequently cited in Board cases (California Board of Psychology, 2012), civil law suits, and ethics complaints filed against psychologists.

How does APA's Code of Ethics (2010) guide a standard of care analysis? While clinicians face various ethical and risk management challenges, avoiding harm and exploitation is an area of risk requiring extra attention. The framers of the Code clearly saw this issue as central to ethical practice: the Code contains 89 ethical standards with 64 referencing the concepts of harm and/or exploitation (Nagy, 2011).

Consider the difference between harm and exploitation. What is harmful is not necessarily exploitive and can happen unintentionally. Exploitation is always deliberate, harmful, and benefits the therapist.

Dr. Barnes receives a referral from a physician asking him to assess Mr. Fiske's suitability for bariatric surgery, a surgical procedure to assist in weight loss. Dr. Barnes is reluctant to say no as he would like to encourage future similar referrals. While Dr. Barnes has conducted previous assessments to identify fitness for medical procedures, he has not done so for bariatric surgery. He also faces a further concern—knowing Mr. Fiske in another capacity. Mr. Fiske is the direct supervisor of Dr. Barnes' wife, and they occasionally see each other socially.

One issue is whether Dr. Barnes is competent to conduct an evaluation for bariatric surgery. Practicing outside our scope of competence is unprofessional conduct, a cause for disciplinary action. Dr. Barnes needs to determine whether obtaining additional training and/or ongoing consultation during the assessment would be adequate to establish competency. Mr. Fiske could be harmed through a deficient assessment. Despite good intentions, Dr. Barnes could fail to identify factors

that could result in placing Mr. Fiske at undue risk, potentially leading to serious physical and/or emotional health consequences. Could Dr. Barnes' decision to accept this referral with limited training and/or experience be exploitive? Perhaps, if the potential for future financial benefits are a consideration in his decision. As Dr. Barnes evaluates the competency aspect of his decision, relevant Standards to review include Standard 2 (Competence), 3.04 (Avoiding Harm), 3.08 (Exploitation), and Standard 9 (Assessment) (APA, 2010).

The personal relationship that Dr. Barnes has with Mr. Fiske is another potential concern. Standard 3.05 directly addresses multiple relationships and references harm and exploitation. The relationship Dr. Barnes would have with Mr. Fiske, according to this Standard, is a multiple relationship. Standard 3.05(a) helps establish whether this multiple relationship would be problematic: "Multiple relationships that would not reasonably be expected to cause impairment or risk

exploitation or harm are not unethical” (APA, 2010). Standard 3.06 (Conflict of Interest) can be helpful in an analysis of this obligation (APA, 2010). Dr. Barnes’ objectivity and Mr. Fiske’s forthrightness could be compromised resulting in an inadequate evaluation and possible harm to Mr. Fiske.

Dr. Barnes may want to consult an Ethics Committee to discuss the relevant Standards and an attorney to address legal considerations. Consulting colleagues to see what decisions they might make in his place is another reasonable risk management step. Thorough documentation of consultations and Dr. Barnes’ overall thought process in making a decision are important components of an ethical approach to risk management.

Facing the proverbial slippery slope and potential unintended consequences is not uncommon in professional practice. One can minimize problems by applying the aspects of standard of care identified in this article in a systematic fashion using the Ethics Code, consulting colleagues, and carefully documenting the process. □

References

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