



Ethical Considerations When Faced With Serious or Life Threatening Illness

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Psychologists, as well as our patients, are often persuaded to believe in the myth of the clinician as invincible and exempt from death. (Pope, Sonne & Greene, 2006). Our patients may engage in the more challenging aspects of psychotherapy by investing in the idea of an omnipotent caregiver. And perhaps we, as clinicians are not always conscious of our own wish to be such a caregiver. As our careers evolve, we may be confronted by a serious or life-threatening illness. In my case this year, it was cancer. The diagnosis came abruptly, requiring fairly immediate treatment which would be invasive, incapacitating, physically altering and lengthy. Suspension of my work as a forensic/clinical psychologist and educational speaker would be unavoidable. And the duration of my medical leave was uncertain.

When called upon to recognize our personal limitations, as they may affect the various roles we occupy with patients or colleagues (e.g. attorneys, physicians), we will find that the APA Ethics Code simply directs us to recognize these limitations. (Standard 2.06, APA, 2002). Little guidance is offered regarding the actual handling of serious or life threatening illness and subsequent return to practice. This gives rise to the utility of the Professional Will, a document that is drafted to manage a practice in the event of one's death, disability, retirement or relocation. (DeAngelis, 2008). Various professional organizations and/or authors offer useful templates. Their limitation is that they generally do not directly discuss ethical considerations, hence the present article.

"Extended and sometimes even brief interruptions in the schedule of appointments can evoke deep and sometimes puzzling or even overwhelming reactions in a client. What is important is that therapists give the client adequate notice of the anticipated absence." (Pope & Vasquez, 2011, p. 159). While this is the ideal, it is not always possible. When we do become aware of personal matters that may interfere with our work, we are ethically obligated to take appropriate measures, such as obtaining professional consultation or assistance from relevant colleagues, in order to determine whether we should limit, suspend, or terminate our professional duties. (Standard 2.06b, APA, 2002). Consultation with colleagues who are currently or have recently faced cancer proved to be enormously helpful to me. Their unique understanding of this situation revealed that while we are flooded by the very real fears we face personally, we are called upon to manage those of our patients, addressing the continuity of their care and the clinical implications of this unpredictable disruption in treatment. (Standard 3.12, APA, 2002). The desire to be honest and not misrepresent facts (Principle C: Integrity) informs the discussions one will have with each patient, while being mindful to avoid causing harm (Standard 3.04, APA,

2002), as one shares details that may be intertwined with the clinician's fears of the unknown.

When I asked colleagues to discuss their experiences with this ethical dilemma, a chorus of concern surfaced, regarding the manner in which a psychologist should facilitate services in the event of disruption by illness and possible death, as the latter remains an unknown to clinicians who are about to have radiation, chemotherapy and/or surgery. (Standard 3.12, APA, 2002). A few held a discussion with each patient, in session (thus using some portion of the patient's time, for their own purposes, they felt); others wrote letters to patients, organizing the time frame they anticipated being away and options for alternate service providers. The 'reasonable efforts' required by Standard 3.12 led these clinicians to consider a wide net of options. Each option forced the clinician to discuss their personal health (while mediating their own emotional responses) in the context of how it would affect the continuity of care for each patient. Depending upon one's theoretical orientation, this step can be fairly alien for the clinician. It can also be arduous, as the clinician is faced with a challenging personal disclosure, interwoven with the very real reactions of each patient, which will differ widely. Each patient's response and individual needs must be taken into thoughtful consideration, and the continuity of their care documented, so as to inform subsequent providers and/or provide documentation for this process. (Standard 6.01, APA, 2002).

In summary, when faced with a serious illness, we must follow the Ethics Code. A Professional Will is also an invaluable tool in fulfilling this obligation. 

References

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