

Multiple Relationships in the Field of Life Care Planning

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Abstract. *One current issue that exists within the field of life care planning is the potential of entering into a dual, or multiple relationship (P. Deutsch & L. Allison, personal communication, July 23, 2004). The purpose of this article is to help readers acquire a better understanding of the ethical issues for life care planners when faced with multiple relationships. This article will address the potential threats related to engaging in multiple relationships, discuss guidance offered by codes of ethics pertinent to life care planners, and describe safeguards to protect the client and practitioner from the possible harm of multiple relationships.*

Introduction

One current issue that exists within the field of life care planning is the potential of entering into a dual, or multiple relationship (P. Deutsch & L. Allison, personal communication, July 23, 2004). A multiple relationship can occur when a professional begins to act in two or more roles simultaneously (Corey, Corey, & Callanan, 2003), such as when a life care planner assumes the role of a case manager. If a multiple relationship occurs, the life care planner may be faced with an ethical dilemma.

Potential Threats

There currently exists a heated debate among mental health care professionals regarding multiple relationships (Corey, Corey, & Callanan, 2003). However, a review of the literature specific to the field life care planning such as, *The Journal of Life Care Planning* (Preston, 2003) and *A Guide to Rehabilitation* (Deutsch & Sawyer, 2003), suggests that this topic has not been adequately addressed. The literature in related fields that has discussed this issue offers insight into the subject. As previously stated, in the practice of life care planning, the potential of a multiple relationship is most likely to exist when the life care planner assumes the functions of case manager. Potential for harm exists for both the client as well as the practitioner.

According to the tenants and methodologies of life care planning, a life care planner should make unbiased assessments and remain objective (Deutsch, Allison, & Reid, 2003). However, engaging in a multiple relationship may compromise a practitioner's objectivity. Multiple relationships may also lead to biases if they are not carefully managed (Hollien,

1990; Corey, Corey, & Callanan, 2003). Some other ethical concerns that a life care planner should have related to engaging in a multiple relationship include the:

- possibility of impairment of professional judgment,
- creation of possible conflicts of interest,
- potential of harm and exploitation of the client (Corey, Corey, & Callanan, 2003; Corey & Herlihy, 1997; Pope & Vasquez, 1998; Weed & Berens, 2004).

A multiple relationship creates a second set of interests for the practitioner, which can lead to errors in judgment (Pope & Vasquez, 1998). This may be especially true if the life care planner includes a recommendation in a plan to use his or her case management services for implementing the plan, and relies on their fees as the sole cost resource.

A life care planner should also be concerned about the implications that a multiple relationship could cause related to expert witness testimony. In the ideal situation, an expert witness would be viewed as honest and credible, and their testimony should remain objective and unbiased (Sadoff, 1997; Deutsch, Allison, & Reid, 2003; Commission on Health Care Certification, 2002). However, becoming involved in a multiple relationship may make the nature of the expert witness's testimony questionable (Pope & Vasquez, 1998). Because the potential for multiple relationships exists in all areas of the helping professions, the many codes of ethics may provide a practitioner with some direction.

Guidance Offered by Codes of Ethics

The codes of ethics and standards of practice of many professional organizations offer guidance for practitioners who provide life care planning, case management, and rehabilitation consulting services. Several of these codes of ethics and standards are relevant to life care planners and are described below. Most notably, are the Standards of Practice for Life Care Planners (IALCP, 2000). The Scope of Practice/Applications section states:

In performing these tasks, the Life Care Planner will communicate with a variety of health care professionals regarding a case and temporarily may assume a peripheral role in the management of the case. The Life Care Planner must take care to keep the Life Care Planning function separate from care giver and case manager functions. The Life Care Planner does not assume decision-making responsibility beyond the scope of his/her own professional discipline (as cited in Reavis, 2002, p. 53).

The Standards further state that "Life Care Planners who have dual role responsibilities should clarify that they are not acting as a case manager, psychologist, etc. and what limits of their participation might be" (as cited in Reavis, 2002, p. 57). The Standards also note that life care planners are expected to avoid multiple relationships and professionals should avoid behaviors that may cause harm to others (as cited Reavis, 2002, p. 64).

Another equally important code that may be relevant to a life care planner is the Code of Professional Ethics for Rehabilitation Counselors (Commission on Rehabilitation Counselor Certification/CRCC, 2002). Code A.6.a. asserts that rehabilitation counselors should:

Make every effort to avoid non-professional relationships with clients that could impair professional judgment or increase the risk of harm to clients. (Examples of such relationships include, but are not limited to, familial, social, financial, business, close personal relationships with clients, or volunteer or paid work within an office in which the client is actively receiving services.)

According to the American Nurses Association (2001), the nurse “recognizes and maintains boundaries that establish appropriate limits on relationships” (Provision 2.4). This code also requires that nurses preserve integrity and act in such a way that is consistent with the values and ethics of the nursing profession (ANA, 2001, Provision 5.4).

Another equally important ethics code is the Code of Professional Conduct for Certified Disability Management Specialists (2004). This Code asserts that certified individuals who “provide services at the request of a third-party payor shall disclose the nature of their relationship by describing their role and responsibilities to each party involved in the dual relationship” (Certification of Disability Management Specialist Commission, 2004, p. 8). This Code also asserts that conflicts of interest should be fully disclosed and that certified individuals should abstain from taking on a role when the interests or relationships may “impair their objectivity, competence, or effectiveness as a disability manager” (Certification of Disability Management Specialist Commission, 2004, p. 7).

The American Psychological Association’s standard concerning multiple relationships also may offer guidance to professionals. The standard notes that in many circumstances it is not always possible to avoid entering into a multiple relationship. However, the psychologist should refrain from entering the relationship if it is probable it could impair the professional’s objectivity, impede the psychologist’s performance, or hurt or exploit the additional party (Corey, Corey, & Callanan, 2003).

Finally, the Code of Professional Conduct for Case Managers (2004) asserts that the case manager should not enter any relationship with a client that may impair their professional objectivity (Commission for Case Manager Certification/CCMC Standards for Professional Conduct, Section 3, S 11). The Code further requires that case managers hired by a third-party payor will disclose the characteristics, including the role and responsibilities, of this position to all appropriate parties (CCMC Standards for Professional Conduct, Section 5, S 22).

Many other related codes of ethics provide guidance concerning multiple relationships (e.g., American Association of Legal Nurse Consultants, 1995). The aforementioned codes suggest that life care planners and health care professionals should attempt to avoid multiple relationships, but if the situation is unavoidable, it should be managed in such a way that the client is provided the least biased life care plan possible.

Building Safeguards into Practice

While codes of ethics can provide a professional with some guidelines, it is sound decision-making, the readiness to reflect on one’s conduct and practices, and the awareness of one’s motivations that make an ethical practitioner (Corey, Corey, & Callanan, 2003). Professionals must take care in assessing and examining their intent and behaviors to ensure that they are acting in an ethical manner. Practitioners who are faced with entering into a multiple relationship have a responsibility to evaluate and monitor the risks, make appropriate ethical decisions, and use caution prior to entering into a multiple relationship (Corey, Corey, &

Callanan, 2003).

It is critical for the practitioner to clarify the relationship with the client at the outset. This can be accomplished by using a written and signed Professional Disclosure Statement and Informed Consent form (Corey, Corey, & Callanan, 2003). This document should thoroughly explain the roles and functions of a life care planner, as well as establish the boundary limits that exist on his or her contributions (Hollien, 1990). These forms should be provided to the client/family/legal guardian as well as the referral source to help the parties fully understand the role of a life care planner (Preston, 2003). Weed and Berens (2004) reiterate that life care planners should clarify the purpose, relationship, and roles in the first interaction with the client. They also note that life care planners should have a procedure in place for disclosing the various functions a life care planner may take on throughout the development of the life care plan. Structuring the consultation process in such a way may limit the opportunity for a multiple relationship to develop (Corey, Corey, & Callanan, 2003).

To avoid doing harm to clients and maintaining boundaries, life care planners should build safeguards into their professional practice. Life care planners should take care when dealing with clients and creating life care plans. Professionals should seek guidance from ethics committees, consult with experts in the field or trusted colleagues, and ask for supervision with the case if necessary (Corey, Corey, & Callanan, 2003; Younggren & Gottlieb, 2004; Corey & Herlihy, 1997). The Code of Professional Ethics for Certified Life Care Planners (Commission on Health Care Certification, 2002) encourages all life care planners to seek an advisory opinion from the Commission if there is a question concerning rules set forth by the code.

Life care planners must also remember to carefully document steps taken to avoid and/or manage multiple relationships (Younggren & Gottlieb, 2004; Corey, Corey, & Callanan, 2003). This documentation should elucidate the selected course of action and should exhibit complete consideration of other options (Younggren & Gottlieb, 2004).

If engaging in a multiple relationship is unavoidable, life care planners should take appropriate precautions. Such precautions, as listed by the Code of Professional Ethics for Rehabilitation Counselors (Commission on Rehabilitation Counselor Certification, 2002) include: "informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs" (CRCC Code of Professional Ethics, A.6.a).

Discussion

As cited in the literature, many professionals believe that multiple relationships impair professional judgment and objectivity (Corey, Corey, & Callanan, 2003; Hollien, 1990). Professionals should avoid multiple relationships and be aware of potential problems that may occur when entering this relationship. The literature suggests that a great deal of harm can be done when engaging in two or more roles at the same time and it is evident that there are ethical problems concerning multiple relationships. In the event that a dual or multiple relationship does occur, it needs to be managed appropriately.

Reportedly, there have been extensive discussions about the topic of multiple relationships during life care planning seminars (P. Deutsch & L. Allison, personal communication, July 23, 2004). Many reportedly have expressed that because the life care planner has extensive knowledge of the client's case, the life care planner is in the best position to act as a case manager. However, while there may be a few situations that arise in which multiple relationships may not be avoidable, the practitioner should take care in appropriately managing the situation and realize that this type of relationship may create bias, which may affect the life care planner's

credibility during depositions as well on the witness stand.

The potential for multiple relationships exist in the work of all helping professions (Corey, Corey, & Callanan, 2003). Therefore, this topic is relevant to life care planning and warrants further attention by ethics committees, certification boards, and practitioners. Thus far, in this author's opinion, there has not been adequate guidance published on this topic. There is a significant lack in the literature concerning ways to manage the development of a multiple relationship specifically with regard to life care planning and case management.

Anecdotally, some practitioners in the field have made suggestions as to how to manage potential multiple relationships regarding life care planning and case management functions. If case management is necessary during the creation of a life care plan, that practitioner may want to explore consultation with other respected and qualified practitioners in the field, and/or consider allowing another life care planner or qualified case manager to take on case management functions while the life care planner acts as a consultant and offers guidance to that professional.

Conclusion

In conclusion, a life care planner simultaneously acting as a case manager creates a multiple relationship. Thus, there is an ethical dilemma faced by life care planners. This article has addressed the issues related to ethics and multiple relationships and offered guidance for avoiding and managing multiple relationships. There is a desperate need for clear and explicit guidelines regarding multiple relationships within the practice of life care planning.

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