

*Preparing the Adult Mental Health Workforce to
Succeed in a Transformed System of Care*

Ethics, Rights, and Professional Practice Codes

Module V

NASMHPD/OTA Workforce Curriculum

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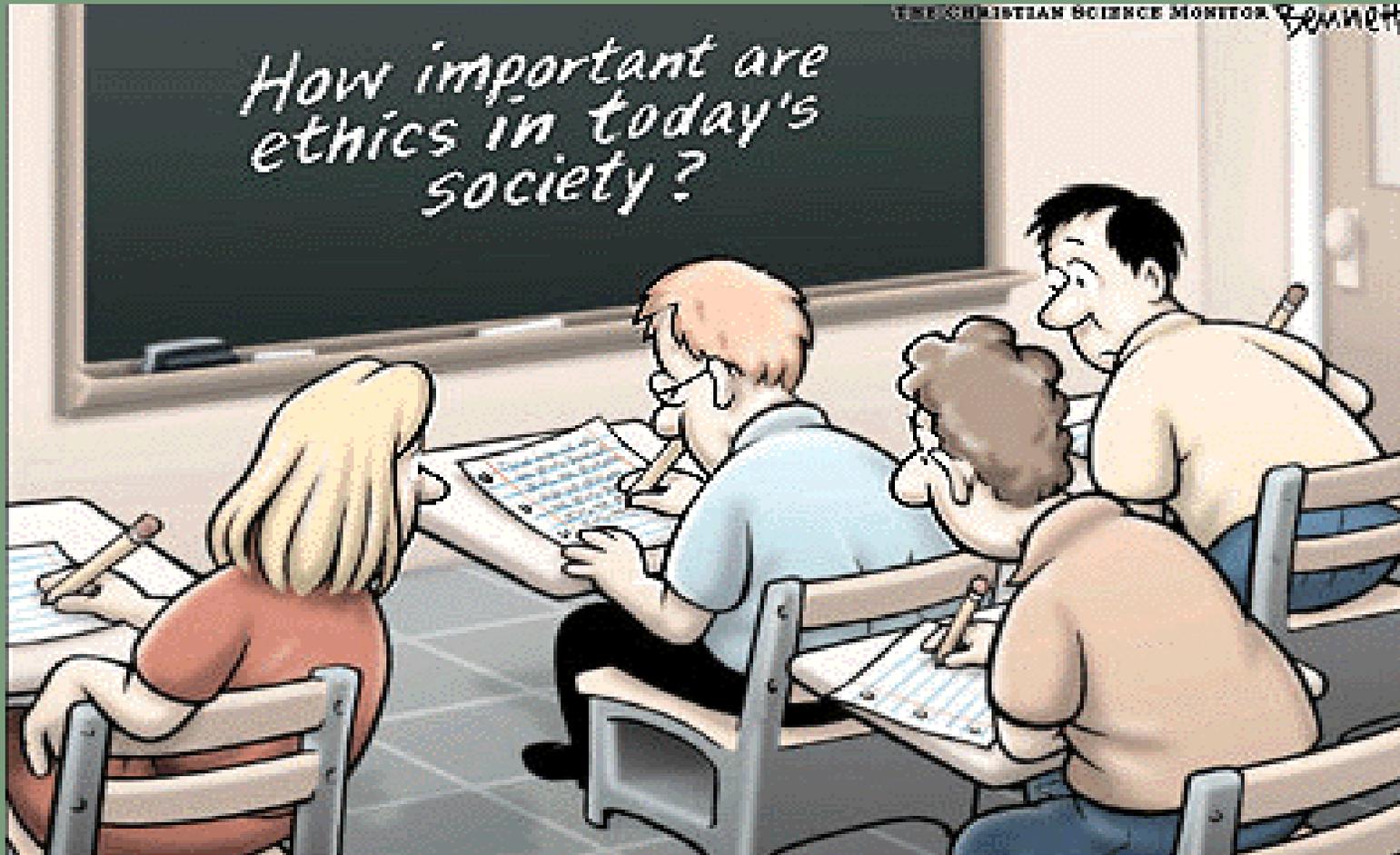
Objectives

At the conclusion of this module, participants will be able to:

- Define ethics and practice codes and describe how these codes are useful in directing treatment provision.
- Describe the U.S. Patients Bill Rights and Responsibility core foundation.
- Understand Informed Consent and its relevance in human services settings.
- Develop their own Advance Directive



Ethics and Professional Practice



Healthcare Ethics Codes



The primary purpose of ethics codes is to *safeguard the welfare of clients* by providing what is in their best interests

1. To educate professionals about sound ethical conduct
2. To provide a way to assure professional accountability
3. To serve to improve practices

(Corey, Corey, & Callahan, 2003)



Healthcare Ethics Codes



- ✓ All professional organizations, representing licensed & unlicensed staff, have established ethics codes.
- ✓ They are public statements that set clear expectations. They guide practice and uphold the key values of that profession or discipline. Mohr & Nunno, in press, 2007
- ✓ They are *broad and general*... not “cookbooks” for responsible behavior.
(Corey, Corey, & Callahan, 2003)

Professional Ethics Codes are



- ✓ Broadly based on the principles of beneficence, non-maleficence, autonomy, and justice
- ✓ Meant to protect vulnerable individuals from incompetent or dangerous people who are in powerful positions and who can *cause harm*

(Mohr & Nunno, in press, 2007)



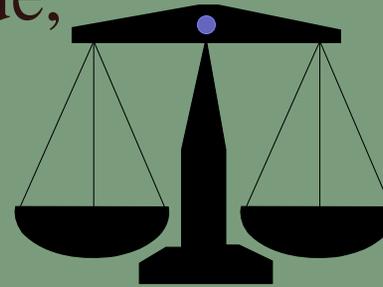
Definitions

- ✓ **Beneficence:** our human duty to assist another in need and to facilitate a good outcome.
It speaks to *preventing harm* to another person.
- ✓ **Autonomy:** the right to *liberty without interference; the right to make personal decisions and act on them without being coerced or manipulated.*



Definitions

✓ Justice: giving others their due, assuring fairness, equal distribution of resources, and appropriately providing *what is owed to a person* in any circumstance



✓ Non-maleficence: to do no harm, prevent harm, remove harm and facilitate good. *Do not kill, do not cause pain, do not cause offense, do not deprive others*

(Mohr & Nunno, in press, 2007)



Healthcare Ethics Codes

In the extreme, violating ethics codes not only defies the standards of practice, the oath taken to uphold the values of the discipline – but also the law

‘Nurse in Germany gets life term for killing 28 patients’



All Staff are Professionals

Face To Face



" All the time we have worked together I didn't know until now that you really liked your Job."

Professional Ethics Codes

Licensed and/or certified staff

All of the licensed or certified staff have ethics codes that should be familiar. They include:

- ✓ physicians
- ✓ nurses
- ✓ master's level social workers
- ✓ doctoral prepared psychologists
- ✓ some mental health counselors
- ✓ certified addiction professionals
- ✓ occupational or rehabilitation therapists
- ✓ peer specialists (to name but a few)



Professional Ethics Codes

- ✓ *Ethical Standards of Human Service Professionals* includes all staff who work in human service settings, including those who are unlicensed



- ✓ Unlicensed/non-certified staff generally include Bachelor level prepared staff who work in social work or rehab positions, case managers, and mental health technicians
- ✓ However, all staff practices are important.



How do you decide?
Whose judgment is right?



The Human Service Code of Ethical Standards

- ✓ These codes were developed for *all human service workers* in any relationship with service users, families, groups, or communities.
- ✓ These roles may be *caregiver, case manager, service broker, teacher, behavior changer, consultant, advocate, community change agent, evaluator, or administrator*



(*Codes of Ethics*, 2004)



Human Service Professional Standards

- ✓ Ethical codes are not legal documents but they are a component of the *expected standard of care*
- ✓ They are often used to assist in legal decisions related to human service worker behavior
- ✓ They help guide treatment decision making and protect against future harm or difficulty



Human Service Professional Standards

The HSP standards/codes include:

- ✓ Responsibilities to clients
- ✓ Responsibilities to society
- ✓ Responsibilities to colleagues
- ✓ Responsibilities to the Profession
- ✓ Responsibilities to employers & self



(Codes of Ethics, 2004)

Human Service Professional Standards

Human Service Professionals:

- ✓ Respect the integrity and welfare of the client
- ✓ Assure that each is treated with respect, acceptance, and dignity
- ✓ Act to protect the safety of all individuals
- ✓ Recognize the client's right to receive or refuse services

(Codes of Ethics, 2004)



Ethics and Conduct



*When I do good, I feel good;
when I do bad, I feel bad.
That's my religion.*

- Abraham Lincoln

U.S. Patient's Bill of Rights and Responsibilities



- ✓ Advisory Commission on Consumer Protection in the Health Care Industry
- ✓ The final bill included important areas of consumer rights and responsibilities

(President's Advisory Committee, 1998)

U.S. Patient's Bill of Rights and Responsibilities

Consumers have the right to:

1. Considerate and respectful care at all times
2. Obtain relevant, current, and understandable information concerning their diagnosis, treatment, and prognosis
3. Know the identity of physicians, nurses, others involved in their care



(AHA, 1998; President's Advisory Committee, 1998)

U.S. Patient's Bill of Rights and Responsibilities

Consumers have the right to:

4. Responsibility to fully participate in all decisions related to their health care, or otherwise be represented by parents, guardians, family members, etc
5. Refuse a plan of care, unless an emergency exists, and to request preferences about future treatment



U.S. Patient's Bill of Rights and Responsibilities

Consumers have the right to:

6. Make an advance directive concerning their treatment, designating someone else to make decisions, if they become incapacitated and to expect the provider will honor these choices, whenever possible
7. Every consideration of privacy, in all circumstances

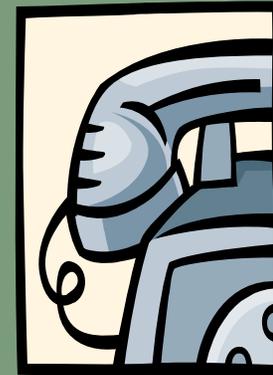
(AHA, 1998; President's Advisory Committee, 1998)



U.S. Patient's Bill of Rights and Responsibilities

Consumers have the right to:

8. Review their medical records and to have this information explained and ask that their record be amended
9. Communicate with health providers in confidence, to expect that the confidentiality of their individually-identifiable health information will be protected, with certain rare exclusions including dangerousness

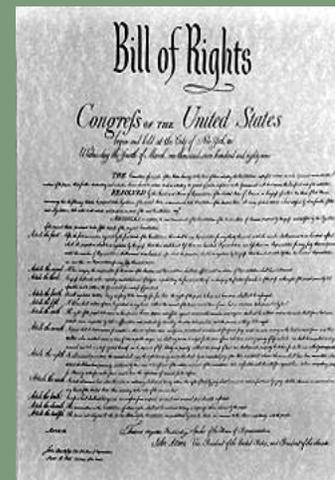


(President's Advisory Committee, 1998)

U.S. Patient's Bill of Rights and Responsibilities

Consumers have the Responsibility to:

10. Actively participate in their care and to understand that their involvement increases the likelihood of achieving the best outcomes possible



www.hcqualitycommission.gov/final/append_a.html

Informed Consent

One of the best ways to protect the rights of service users (patients) is to help them make informed choices.

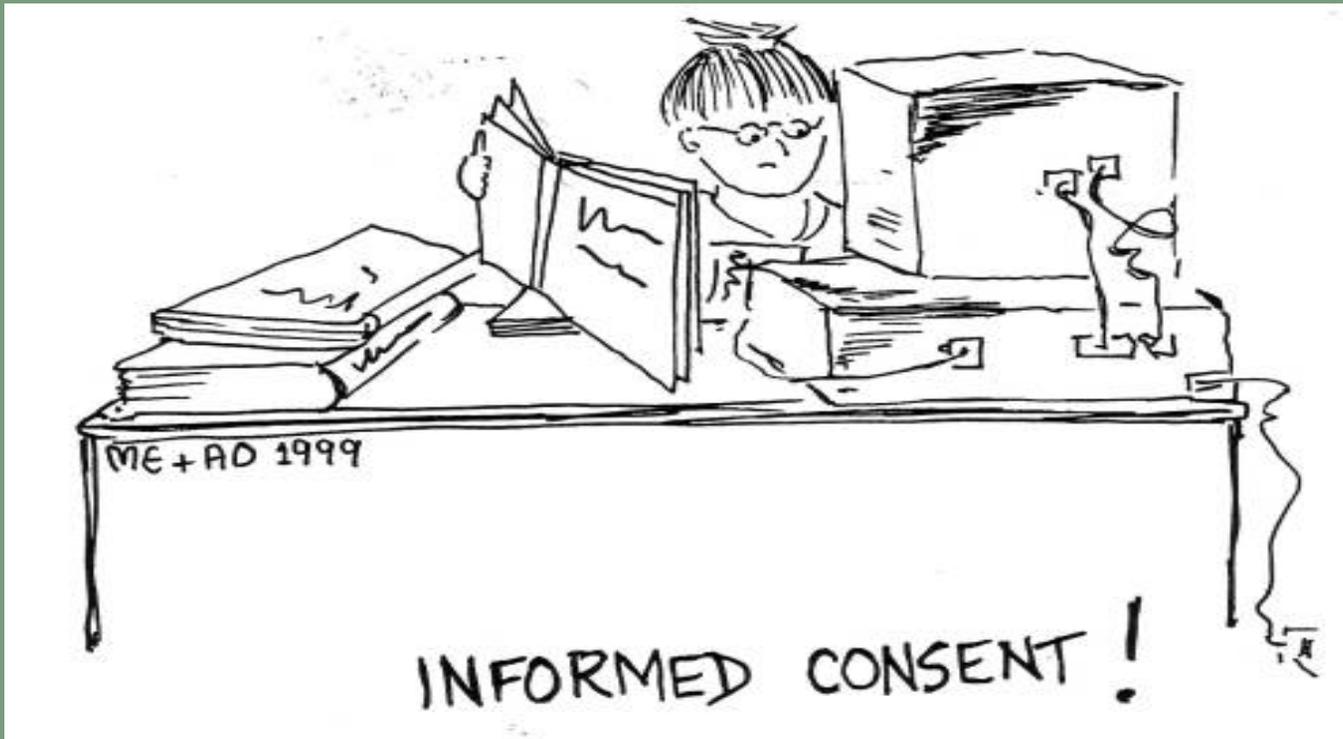
The main purpose of *informed consent* is to increase the chances that the person will become involved, educated, and a willing participant in his or her care



(adapted, Corey, Corey, & Callahan, 2003)



What does it take to be
“*informed*” & give “*consent*?”



Three Legal Aspects of Informed Consent

1. Capacity: Has the ability to make rational decisions. If not, a parent or guardian is usually responsible
2. Comprehension of information: Provided information, in a clear manner, and staff check his/her understanding
3. Voluntariness: Person giving consent is acting of their free will and is legally and psychologically competent to give consent.



(Corey et al., 2003)

Informed Consent

- ✓ Informed consent also entails a difficult balance between telling clients too much information so they get overwhelmed or telling them too little.
- ✓ Informed consent does **NOT** include coercion, manipulation, withholding information. Important with regard to meds, ECT, and voluntary admissions. *(adapted Corey, Corey, & Callahan, 2003)*



Informed Consent

- ✓ In many cases, consumers do not realize that they have rights or may not know what they are
- ✓ It is up to staff to educate people you serve that they do indeed have rights, as human beings and as patients



(adapted, Corey, Corey, & Callahan, 2003)

Advance Psychiatric Directive

An APD is a legal document that becomes part of the medical chart that provides the following information:

- ✓ Treatment preferences, including seclusion, restraint, and medications
- ✓ Naming an “agent” or proxy who will make decisions about mental health care when the person with a mental illness is not capable of informed decision-making

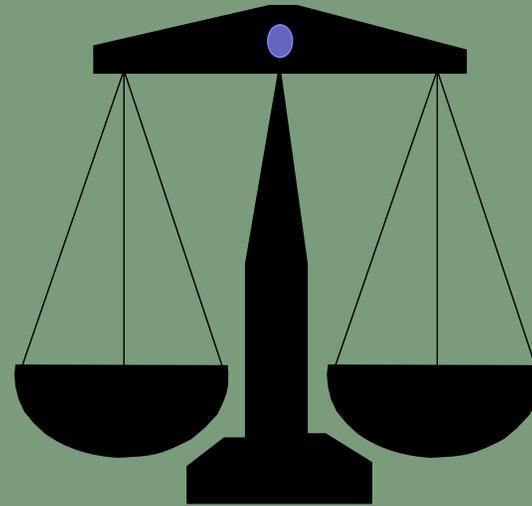


Exercise: Creating My Own Advance Directive



The Inherent Challenge & Contradiction

*The involuntary character
of psychiatric treatment
is at odds with the spirit and
ethics of medicine itself*



- Kate Millett, activist & consumer



Vignette I

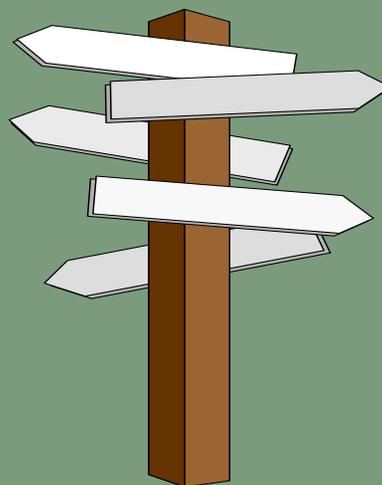
What should we do in this situation?

John L., 26 year old male, admitted 3 weeks ago.

He has refused to speak or answer questions
Seems to be listening to other sounds or voices
Seen in his room talking to himself

Refusing all medications
Barricaded in his room
Wrapped in wet bed linens.

Does not have insurance
Refusing all food but bread/unopened packages
Parents upset that staff are not doing anything



Vignette 2

What should you do?

Cheryl, 33 year old mother of three, was admitted erratic behavior, singing loudly in public places, and wearing layers of clothing, though it is summer.

She says she is planning to go to Europe to collect prize money (from spam e-mail)

Day 2, she gets angry at the medication nurse, throws her medication on the floor.



*She starts to curse, kicks over two chairs states that *people better leave me alone, or else...**

Ethical Dilemmas:
What do you do in those *sticky* situations?



Vignette 3-New Admission

You have developed a therapeutic relationship with Megan, an 18 year old girl after she took an overdose of her Mom's antidepressant drugs.

You are assigned to her when you are on shift and you always spend at least 15-30 minutes "checking in" with her to see how she is doing; often 2 times a shift.



She has related that her suicide attempt was due to her boyfriend breaking up. Says she is ok now. She seems sad to you; has improved her eating, sleeping and hygiene since admission 4 days ago.

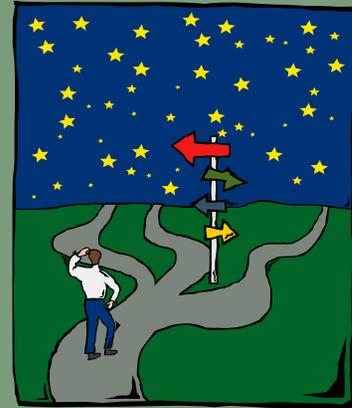


Vignette 3 (continued)

What do you do and why?

She has told you that “you are the only one that understands me” and that she has to *get out of here so I can get on with my life*

You have also learned that Megan does need to be discharged so she can get ready for college to a university in another state and needs to be there in 3 weeks.



When you spoke to Megan today, she appeared tearful, said she had a hard day “*What is wrong with me, I still feel sometimes like I do not want to fight this anymore. I promise I will not hurt myself. If you say anything they will keep me here.*”

Almost finally!



Finally

*Always do right –
this will gratify some
and astonish the rest*

Mark Twain, 1901

