ETHICS AND HUMAN VALUES IN HEALTHCARE

Elżbieta Jarząbek, Psy.D.
Postdoctoral Fellow
Samuel Fernandez-Carriba, Ph.D.
Assistant Professor
Pediatrics/Autism & Related Disorders
Emory University School of Medicine

Why are we here?

ETHICS ARE ABOUT PURPOSE

http://www.karmatube.org/videos.php?id=4061

Can Ethics be trained?

Ethical Know-How (Varela, 1999)
immediate, central and pervasive skill
vs.
deliberate, intentional analysis

How can Ethics be trained?

“Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom”

Viktor E. Frankl

Most trainings on Ethics describe specific situations and ask participants to identify the best course of action

Dr. Lee A. Sonn, a 50-year-old psychology professor at a small private college, begins a sexual relationship with one of his seminar students, a 44-year-old woman who has recently returned to college after a 20-year absence to get a master’s degree in psychology. The professor has told the woman that he is married, and that he and his wife are separated and in the process of getting a divorce. Dr. Sonn’s behavior:

a. may be ethical as long as he has determined that the woman is not “vulnerable to undue influence”
b. is unethical and represents a violation of the Ethics Code’s prohibition against sexual intimacies with students
c. is unprofessional but is not directly addressed by the Ethics Code
d. is ethical since the woman is not a minor and has been told about the professor’s marital status
Most trainings on Ethics describe specific situations and ask participants to identify the best course of action.

But situations are specific and endless and also PERSONAL.

Know the rules well so you can break them effectively.

His Holiness The XIV Dalai Lama

OBJECTIVES

Discuss the APA general ethical principles of Psychologists in the context of universal human values.

Address apparent contradiction between universal and personal approach to health care.

Assess empirically validated benefits of a systematic training in ethics and human values for clients and providers.

Practice, practice, practice.

The American Psychological Association’s (APA’s) Ethical Principles of Psychologists and Code of Conduct

Or Ethics Code

1. Introduction
2. Preamble
3. General Principles
4. Ethical Standards

The appropriate action for a psychologist to take depends on the nature of the situation.

(Appropriate: prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time)

Higher ethical standards should always prevail.
The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct Or Ethics Code

1. Introduction
2. Preamble – aspirational and nonenforceable

The Ethics Code has as its goals the welfare and protection of clients.

Psychologists require personal commitment and lifelong effort to act ethically.

3. General Principles – aspirational and nonenforceable
4. Ethical Standards – mandatory and basis for disciplinary action

1. Beneficence and nonmaleficence – do no harm (avoid or minimize harm)
2. Fidelity and responsibility – comply with these principles and concerned about the compliance of colleagues
3. Integrity – honesty, clarity
4. Justice – fairness
5. Respect for people's rights and dignity – attention to those who are vulnerable

Ethics Code: General principles

1. Beneficence and nonmaleficence – alleviate suffering
2. Fidelity and responsibility – "just do it"
3. Integrity – include yourself in this ethical quest
4. Justice – fairness
5. Respect for people's rights and dignity – fairness

Ethics Code: Ethical Standards

1. Resolving Ethical issues
2. Competence
3. Human Relations
4. Privacy and Confidentiality
5. Advertising and Other Public Statements
6. Record Keeping and Fees
7. Education and Training
8. Research and Publication
9. Assessment
10. Therapy
Is there a training on…
1. Beneficence and nonmaleficence
2. Fidelity and responsibility
3. Integrity
4. Justice
5. Respect for people’s rights and dignity
for each and every person to learn to apply these principles to each and every situation?

Cognitively Based Compassion Training (CBCT): a proposal for a training in ethics

Meditation refers to a group of self-regulation practices, derived from Buddhism but secular, “that focus on training attention and awareness in order to bring mental processes under greater voluntary control (…)”

Walsh & Shapiro, 2006, p. 228

“Meditation is a dynamic global state characterized by synchronization of brain activity in frontal and parietal areas (high-amplitude pattern of gamma-synchrony) that leads to transient networks that integrate local neural processes into large-scale cognitive and affective functions”

Lutz, Brefczynski-Lewis, Johnstone & Davidson
PLoS One 2008

Compassion: sympathetic consciousness of others’ distress together with a desire to alleviate it
Merriam Webster dictionary

The essence of compassion is a desire to alleviate the suffering of others and to promote their well-being. This is the spiritual principle from which all other positive inner values emerge.

The Dalai Lama (2011), Beyond Religion

Compassion is helpful for others
Compassion from others, or social support, protects us from disease and even death.

Remarkably, recent psychophysiological evidence suggests that social support is most beneficial in turn for individuals high in compassion, who are best able to take advantage of it.

Cosley et al. Journal of Experimental Social Psychology, 2010

Benefits of compassion (for self):
‘diversion’ - worrying less about ourselves
‘comparison’ - the fact that there are always worse problems than ours
‘positive thinking’ - wishing for positive outcomes instead of entertaining negative emotions
‘connectedness’ - feeling closer to others

“If, therefore, we seek happiness for ourselves, we should practice compassion; and if we seek happiness for others, we should also practice compassion!”

The Dalai Lama, Beyond Religion

Can compassion be trained?
While compassion at the biological level can be unconditional, like the mother’s love for her baby, it is also biased and limited in scope. Nevertheless, it is of the utmost importance, because it is the seed from which unbiased compassion can grow. We can take our innate capacity for warm-heartedness and, using our intelligence and conviction, expand it.

The Dalai Lama, Beyond Religion

Can compassion be trained?
As man advances in civilization, and small tribes are united into larger communities, the simplest reason will tell each individual that he ought to extend his social instincts and sympathies to all the members of the same nation, though personally unknown to him. This point being, once reached, there is only an artificial barrier to prevent his sympathies extending to the men of all nations and races... our sympathies becoming more tender and more widely diffused, until they are extended to all sentient beings.

Charles Darwin, The Descent of Man

Can compassion be trained?
We experience ourselves, our thoughts and feelings, as something separate from the rest. A kind of optical delusion of consciousness. This delusion is a kind of prison for us, restricting us to our personal desires and to affection for a few persons nearest to us. Our task must be to free ourselves from the prison by widening our circle of compassion to embrace all living creatures and the whole of nature in its beauty...
We shall require a substantially new manner of thinking if humanity is to survive.

Albert Einstein

Can compassion be trained?
So, don’t believe anyone who says that since nature is based on a struggle for life, we need to live like this as well. Many animals survive not by eliminating each other or keeping everything for themselves, but by cooperating and sharing. This applies most definitely to pack hunters, such as wolves... but also to our closest relatives, the primates... if man is wolf to man, he is so in every sense, not just the negative one. We would not be where we are today had our ancestors been socially aloof.

Frans de Waal, The Age of Empathy
Cognitively-Based Compassion Training: A specific approach for developing compassion

CBCT is drawn from the lojong (training the mind) and lam rim (stages of the path) traditions of Tibetan Buddhism, but rendered into secular form. It was developed as a protocol for research on compassion training at Emory University.

Of the two styles of meditation presented in these traditions, che-gom (analytical or cognitive) and jog-gom (stabilizing meditation), CBCT primarily employs the former.

Progressive Components of CBCT
1. Attentional Stability
2. Present Moment Awareness
3. Self-Compassion / Self-Care
4. Cultivating Impartiality
5. Gratitude & Affection
6. Empathy & Engaged Compassion

Meaning of “Meditation”:
- Familiarization
- Cultivation

Three Levels of Understanding:
- Understanding via words / intellect
- Understanding via realization / “aha” moment
- Understanding via absorption / transformation

Progressive Components of CBCT
1. Beneficence and nonmaleficence – alleviate suffering
2. Fidelity and responsibility – “just do it”
3. Integrity – include yourself in this ethical quest
4. Justice – fairness
5. Respect for people’s rights and dignity – fairness

Progressive Components of CBCT
1. Attentional Stability
2. Present Moment Awareness
3. Self-Compassion / Self-Care
4. Cultivating Impartiality
5. Gratitude & Affection
6. Empathy & Engaged Compassion
Key Self-Compassion Insights

- Universal aspiration to well-being
- Universal suffering

Coming, in part, from our own limitations, which we see with kindness and acceptance: our focus on external sources of well-being and our belief in permanent conditions

- Conviction about our capacity to overcome those limitations and realize our aspiration for long-lasting well being.

Progressive Components of CBCT

1. Attentional Stability
2. Present Moment Awareness
3. Self-Compassion / Self-Care
4. Cultivating Impartiality
5. Gratitude & Affection
6. Empathy & Engaged Compassion

Key Impartiality Insights

"Fundamental attribution error", i.e., the tendency to overestimate the impact of personal disposition and underestimate the impact of the situations in analyzing the behaviors of others

Our attributions about others are more based on our closeness to them than on objective realistic factors

We treat people very differently depending on our attribution (friend, stranger, adversary)

These attributions are circumstantial, not permanent. Our dear one can potentially be the fool on the road and vice-versa

Once again, both suffering and aspiration to well-being are UNIVERSAL

Do we all have equal right to happiness?

People fail to get along because they fear each other; they fear each other because they don’t know each other; they don’t know each other because they have not communicated with each other. If we keep this in mind we could truly begin to see the other without fear and less of stranger.

If we are to have peace on Earth, our loyalties must become ecumenical rather than sectional. Our loyalties must transcend our race, our tribe, our class, and our nation; and this means we must develop a world perspective.

Martin Luther King
Engaged Compassion in an Ethical dilemma

a) First, start by making sure, internally, you are considering the decision from a place of compassion toward others.

b) Second, Look carefully at the situation in context. This step includes several different activities. Examine:
   - The causes of the situation.
   - Alternative actions.
   - Different perspectives (viewpoint of each individual or group involved, in the past and in the future, viewpoint of someone you admire)
   - Likely results of each possible action.

c) Finally ask the key question: Which action do we think will result in the greatest good for the greatest number of people, over the greatest period of time?

The Dalai Lama (2011), Beyond Religion

A large number of published research articles consistently show mental as well as physical health benefits of mindfulness meditation for short or long-term practitioners.

Davis & Hayes, Psychotherapy 2011

I think we are looking at meditation as the next public health revolution

Dan Harris, ABC News 2015

Pace, Negi, Adame, et al. Psychoneuroendocrinology, 2009

Reading the Mind in the Eyes Test

PLAYFUL
COMFORTING

IRRITATED
BORED

TERRIFIED
UPSET

ARROGANT
ANNOYED
Benefits of Compassion Training: Empathic Accuracy 
IFG Brain Activation and Reading the Mind in the Eyes
Mascaro et al. SCAN 2013

Different effects of mindful-attention training vs. compassion training

Impact of CBCT on Social Connectivity

Impact of CBCT on Social Connectivity

Cognitively Based Compassion Training for Parents of Children with Autism Spectrum Disorder
An 8-week compassion meditation program may improve overall well-being in family members involved in the care of children with ASD. This, in turn, could benefit those children.

A parent stress intervention including training on ethics.
Qualitative analysis of the data indicates:

- increase of compassion toward self
- facilitation of parental skills
- enhancement of coping skills
- increased sense of control
- broadening of perspective
- normalization
- acceptance ("I can deal with it")
- universality ("others have similar problems")
- interpersonal learning and support
- instillation of hope

Ethics education in psychology

- Fear-based approach
- Codes of ethics, laws, rules, and regulations
  - Don't screw your clients or students.
  - Don't violate confidentiality.
  - Don't practice outside your area of competence.
  - Don't. Don't.
- My professional goals are to not lose my license and never to be sued for malpractice.

Positive Ethics

- "The goals of positive ethics are to shift the ethics of psychologists from an almost exclusive focus on wrongdoing and disciplinary responses to encouraging psychologists to aspire to their highest ethical potential."

Handelsman, Knapp, & Gottlieb, 2002, p.731

Be Knowledgeable

1. Know yourself
2. Know ethical standards, laws, and regulations
3. Know who to turn to

Ethics in Practice

- Informed consent
- Use of interpreters
- Mandatory reporting
- Training and supervision

Informed Consent

- Psychologists obtain informed consent when they conduct research or provide assessment, therapy, counseling or consulting services

Standard 3.10, in the "Human Relations"
Informed Consent

- Standard 8.02 Informed Consent to Research
- Standard 9.03 Informed Consent in Assessments
- Standard 10.01 Informed Consent to Therapy
  - Principle A: Beneficence and Nonmaleficence
  - Principle C: Integrity
  - Principle E: Respect for People's Rights and Dignity

Essential Components of Informed Decision Making

1. Information
2. Understanding
3. Competency
4. Decision making ability
5. Voluntariness

INFORMED CONSENT TO RESEARCH

- State the purpose of the research and describe the procedures to be followed.
- Describe any potential risks or discomforts the participant may encounter.
- Describe any potential benefits from participation.
- Describe extent to which results will be kept confidential.
- State that participant is voluntary and that they are free to withdraw from the study at any time.
- Give a list of names the participants may contact with any questions they have.

Informed Consent in Assessments

Should include:
- Explanation of the nature and purpose of the assessment
- Fees
- Involvement of third parties
- Limits of confidentiality, and....
- Sufficient opportunity for the client/patient to ask questions and receive answers

* Psychologists using the services of an interpreter obtain informed consent from the client to use that interpreter

Informed Consent to Therapy

- The nature and anticipated course of therapy
- Confidentiality and its limits
- Nature and extent of record-keeping
- Involvement of third parties
- Fees and billing practices
- Contact information and crisis availability
  * When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

9.03 - Consent

When working with children under 18 or with an adult with suspected cognitive impairments, what steps must be taken in the informed consent process?

- A. Must have a separate document signed by the person to be assessed that explains information contained in the informed consent process in a language understandable to the person/child.
- B. Documented consent from family members/parents of person/child is sufficient.
- C. Make sure to ask the child/person, "Is this okay with you?" so you can document assent of the child/person.
- D. Explain informed consent information at a language level that is reasonably understandable to the child or adult being assessed.
Informed Consent with Minors

- For persons who are legally incapable of giving informed consent, psychologists nevertheless
  • (1) provide an appropriate explanation,
  • (2) seek the individual’s assent,
  • (3) consider such persons’ preferences and best interests, and
  • (4) obtain appropriate permission from a legally authorized person.

APA Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations

- Psychologists working with culturally diverse populations should document culturally and sociopolitically relevant factors in the records:
  • number of generations in the country
  • number of years in the country
  • fluency in English
  • extent of family support (or disintegration of family)
  • community resources
  • level of education
  • change in social status as a result of coming to this country (for immigrant or refugee)
  • level of stress related to acculturation

Use of Interpreters

- The use of interpreters for psychological services:
  A. Is always unethical due to inherent lack of confidentiality
  B. Is always unethical because psychologists must refer clients if they cannot communicate directly in the same language
  C. Is ethical if the interpreter has signed an agreement to maintain the client’s confidentiality
  D. May be ethical if steps have been taken to avoid multiple relationship between the interpreter and the client

USE OF INTERPRETERS

- Ethical Issues:
  • Standard 2.05: Delegating Work to Others
  • Use certified or licensed interpreters

Working with Interpreters

- Practical considerations prior to commencing work with an interpreter
  • Assessing the need for an interpreter
  • Clarify the appropriate language and dialect
  • Consider the client’s ethnicity
  • Setting up the room
  • Pre-session meeting
    • Accuracy of information
    • Post-session meeting

Working With Interpreters:

- General Principles
  • Take reasonable steps to ensure that the interpreters are competent to work as interpreters in the relevant context
  • Take reasonable steps to ensure that the interpreter is not in a multiple relationship with the client that may impair the interpreter’s judgment
  • Take reasonable steps to ensure that the interpreter will keep confidential the existence and content of the psychological service
  • Obtain informed consent from the client to use the selected interpreter.
Tips for facilitating effective communication via interpreter

- Speak to the person, not the interpreter, and maintain culturally appropriate eye contact with the client, even when the interpreter is interpreting. When speaking or listening watch the client rather than the interpreter so non-verbal messages can be observed.
- Speak to the client directly using first person “I” and second person “you”, rather than “he” or “she”, to elicit a more accurate understanding of the words and emotions being expressed.
- Avoid using technical language, metaphors and acronyms.
- Use short, simple sentences.
- Pause after one or two sentences to allow the interpreter to relay the message.

MANDATORY REPORTING

- Mandated reporters having reasonable cause to believe that a child under the age of 18 has had physical injury or injuries inflicted upon him by a parent or caretaker by other than accidental means, has been neglected or exploited by a parent or caretaker, or has been sexually assaulted or sexually exploited, shall report or cause reports of that abuse.

Categories of Child Abuse
Georgia Code 19-7-5

1. Physical injury or death that is non-accidental
2. Neglect or exploitation
3. Sexual abuse
4. Sexual exploitation

Mandated Reporters

- Direct contact with the abused child
- The child is under the age of 18
  - Must report even if the child is no longer at risk of additional abuse
- Report when there is a reasonable cause to suspect abuse
  - The rule: “When suspicious, report.”

MAC policy regarding suspected child abuse

- **Every** person at the Marcus Autism Center is considered a mandated reporter and must comply with Georgia code O.C.G.A. § 19-7-5 (2012). This policy applies to **all CHOA employees, Emory faculty, trainees, and volunteers.**

Underreporting

- 40-50% of physical abuse cases go unreported by mandated reporters
- Common concerns:
  1. Damage to the therapeutic relationship
  2. Breaches of confidentiality
  3. Desire to be certain about allegations
**Damage to the therapeutic relationship?**

Research findings:

In about 75% of abuse reporting cases there was either no change or improvement in the therapeutic relationship following the report as measured by indices related to patient cooperation and self-disclosure.

(Weinstein et al., 2000)

---

**Breaches of Confidentiality**

- “Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (…) protect the client/patient, psychologist, or others from harm (…)” (Section 4.06 b)
- Confidentiality is an ethical mandate, not a legal concept
  - Confidentiality vs. Privileged communication
- Discuss the specific parameters of confidentiality clients at the beginning of treatment.
  - Include developmentally appropriate examples of behaviors that would require a report.

---

**Desire to be certain about allegations**

- Many feel compelled to gain a degree of certainty regarding suspected abuse before making a report
- Children’s ability to recall past events can be manipulated by subtle, often inadvertent suggestions
- Follow up with suspicions of abuse, but do not take on the role of investigator

---

**Child Abuse Reporting**

- Immunity from liability
- Confidentiality – waived
- Failure to report
  - Disciplinary actions
  - Criminal penalties
  - Misdemeanor in GA
  - Civil liability

---

**CHOA/Marcus Policy Regarding Recognizing and Reporting Child Abuse**

- Reporting handled through the Care Coordination (CC) program
- Notified CC of any concerns about questionable behavior or suspected child abuse immediately
- Care Coordination will collect information and, if abuse is suspected, file the report.
- To notify the Care Coordination Program with concerns, email carecoordination@choa.org with the subject line: CAN Notification or call Ashleigh Lister at 5-5157.

---

**Report Procedure**

- Report by telephone or in writing (electronic submission or facsimile)

  - Immediately (no later later than within 24 hours)
  - Child Line 1-855-GACHILD
Be Prepared

- Limit the level of detail included in the report
- Remember, the clinician’s role is not one of investigator
- Discuss with the child and/or caregiver why the call is being made and what information will be shared
  - Explain what will most likely take place after the report is made.

Risk Management Strategies

1. Inform the client before the report is made
2. Inform the client yourself instead of having a supervisor do so
3. Explain the reason for making the report in terms of your own clinical assessment rather than attributing it to external impositions

THREE KEYS TO SUCCESS:

1. Provide comprehensive informed consent
2. Seek appropriate consultation
3. Develop good record keeping practices and strategies

Ethical Issues in Supervision

- Major Ethical Issues:
  - Competence and Client Welfare
  - Informed Consent
  - Confidentiality
  - Supervisee Rights
  - The Relationship Between Supervisor and Supervisee

Competence and Client Welfare

- 2.05 Delegation of Work to Others
  - Psychologists who delegate work to...supervisees...take reasonable steps to...authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training and experience...with the level of supervision being provided
Informed Consent

- Supervisor must determine that clients have been informed regarding parameters of therapy (Standard 10.01).
- Supervisor must determine that clients have been informed that supervision is occurring and that the client be given the name of the supervisor.

Confidentiality

Obligation of psychologists to protect the privacy of client information:
- 4.01 Maintaining Confidentiality
- 4.02 Discussing the Limits of Confidentiality
- 4.05 Disclosures

Confidentiality Obligation of psychologists to protect the privacy of client information

Supervisee Rights

- 7.02 Descriptions of Education and Training Programs
- 7.04 Student Disclosure of Personal Information
- 7.06 Assessing Student and Supervisee Performance

Evaluation

- No amount of empathy will erase nature of the unequal relationship.
- Clarity adds to positive context
- Clarity of expectations and roles
- Supervisee’s defensiveness should be dealt with and addressed openly
- Individual difference should be dealt with openly
- Evaluation procedures should be spelled out in advance
- Evaluation should be a mutual process and a continuous process

Best Practices in Clinical Supervision

- Initiating supervision
  - Informed consent (supervision contract)
  - Expectations and responsibilities
  - Relationship building
  - Diversity, learning styles
- Goal setting
- Giving feedback
  - At least on part based on direct observation
- Documentation
  - Supervision contract
  - Supervision session notes
  - Supervisee’s evaluations
- Evaluation

The Relationship Between Supervisor and Supervisee

- 3.05 Multiple Relationships
- 3.08 Exploitative Relationships
- 7.07 Sexual Relationships With Students and Supervisees

The Relationship Between Supervisor and Supervisee

Best Practices in Clinical Supervision

Evaluation
Supervision Contract

- Written contract between the supervisor and the supervisee
- Purpose:
  1. to inform the supervisee of expectations and responsibilities:
  2. to clarify the goals, methods, structure, and purpose of the supervision so that the supervisee can understand the expectation for supervision
  3. to establish a context in which communication and trust can develop

Assessing Student and Supervisee Performance

When evaluating students and supervisee psychologists must:
A. Base their evaluation on relevant and established program requirements
B. Provide time and specific feedback
C. Provide information about the evaluation process at the beginning of supervision
D. A & B only
E. All of the above

What is wrong with the following evaluation?

- http://www.youtube.com/watch?v=09bp__4Mu8&feature=related

Steps in Making Ethical Decisions

1. Describe the parameters of the situation and identify potential issues.
2. Review relevant ethical guidelines (APA Ethics Code, State Licensing Law, etc.).
3. Generate the alternative decisions for each issue.
4. Enumerate the consequences of making each decision.
5. Consult with a colleague.
6. Make the decision.
7. Document your decision making process and any consultations you obtained.

CONCLUSIONS: 3 things I learned while my plane crashed

http://www.ted.com/talks/ric_elias?language=en#t-274577

- Why are we here? Personal and universal goal: own and others’ welfare
- “I no longer try to be right, I choose to be happy”, “the only thing that it matters in my life is being a great dad”
- It’s a skill that needs to be practiced here and now, in each and every situation
- “I no longer want to postpone” happiness, or “collect bad wine”
THANK YOU!

Elzbieta.jarzabek@choa.org  samuel.fernandez-varejho@emory.edu