Ethics & Confidentiality in Medical Settings

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• As previously disclosed, these are the companies with which I have a financial or other relationship(s):
  – APAPO CAPP

• This presentation was created based on a book chapter in press; Cambridge Handbook of Applied Ethics. Thanks to Dr. Elizabeth Welfel, editor, and my co-author Dr. Amy Sullivan

• All cases are composites/fictional
Objectives

• Discuss ethical issues in the medical setting
  — Multidisciplinary teams and confidentiality
  — Use of the electronic health record for behavioral health
  — Informed consent in integrated care setting
  — Special issues related to supervision/training
  — Cultural competency in medical settings for behavioral health
  — Beneficence versus harm in multidisciplinary team decision making

• Practice principle based and multicultural ethical decision making

• Consider best practices for working in integrated care settings

• Will refer to APA standards throughout
Case #1: Ms. Bell

- 32 y.o. Caucasian female seeking weight loss surgery
- BMI =73 (approximately 340 pounds overweight)
- COPD, DM, OSA, HTN
- Fair understanding of surgery, 8th grade education
- high expectations, limited motivation, limited resources
- + BED: 3-4 binge eating days/week

Case #1 Ms. Bell

- Provided with informed consent to sign
- Discussed that information would be shared in EHR, with team including surgeon
- History of abuse
- History of legal problems
- Multiple psych hospitalizations and suicide attempts
- Actively using marijuana, h/o polysubstance abuse
- Multiple psychotropic medications, active AH
- No current psychiatrist or psychologist
Case #1: Ms. Bell

- Recommendations: team meeting, substance abuse tx, re-establish mental health tx, binge eating tx, tox screen
- “That’s what I get for being honest with you. I want you to take that all out of the computer. I take it all back. I don’t want the surgeon to see your report.”

Case #1: Ms. Bell

- Multidisciplinary Treatment Team Meeting
  - Questions about sexual abuse history
  - Questions about legal history
  - Psychological risks versus medical benefits of surgery
- Results
  - Patient not a candidate for surgery
  - Encouraged to engage in mental health and substance abuse treatment for at least one year
  - Encouraged to pursue conservative weight management
Ethical Considerations?

Ethical Considerations: Informed Consent

- Informed consent in hospital settings
  - Psychologists obtain informed consent and appropriately document services, clarify who will have access to the information (Standards 3.10 and 3.11).
  - Patient may not be self-motivated for psychological tx
  - Warm hand-offs, time limitations
  - Understanding of the EHR

Informed Consent

- Best practices
  - ✓ Clarify nature of referral and role of psychologist
  - ✓ Obtain written and verbal consent
  - ✓ Inform patient of who will have access to notes
  - ✓ Make sure the patient understands the role of third parties (residents, trainees, family)
  - ✓ Make informed consent an ongoing process

Ethical Considerations: Electronic Health Records (EHR)

- EHRs have varying levels of protection for behavioral health notes
- Recently, all behavioral health records have been fully integrated at CCF
- "MyChart" allows patients to securely message providers
- Behavioral health notes are not open on "MyChart" yet
- All providers have option to make “MyChart sensitive”

Electronic Health Records (EHR)

- Best Practices
  - ✓ Share notes with medical team
  - ✓ Use EHR to keep in communication with team/staff message
  - ✓ Use MyChart to securely message patients vs. other methods
  - ✓ Write as if the patient will read notes
  - ✓ Use behavioral/neutral language
  - ✓ Systems should have policies in place and audit practices

“All this talk about EMRs and EHRs is just a fad - like the Internet thing.”
Ethical Considerations: Confidentiality

• Confidentiality in Multidisciplinary Team
  – APA Standard 4.06 notes psychologists should disclose “only to the extent necessary to achieve the purposes of the consultations”
  – Respect for People’s Rights and Dignity
  – APA Standard 3.09: psychologists’ obligation to cooperate with other professionals

Confidentiality

• Best Practices
  ✔ Share only pertinent details/avoid voyeurism
  ✔ Time limits on cases; keep it brief
  ✔ Clarify meaning of confidentiality during informed consent
  ✔ Include patient voice for empowerment
Ethical Considerations: Beneficence vs. Harm

- Collaborative treatment decisions
  - Principles of nonmaleficence, responsible use of power, beneficence
  - Risks of suicide, psychosis, substance use vs. medical risks of continuing with extra weight vs. risks of surgery at high BMI

Beneficence vs. Harm

- Best practices
  - ✓ Consistent communication from team to avoid splitting
  - ✓ Help patient and team to weigh benefits versus risks
  - ✓ Provide recommendations to optimize patient for medical procedure
  - ✓ Develop consistent policies and share with patients
One act of beneficence, one act of real usefulness, is worth all the abstract sentiment in the world.

~ Ann Radcliffe

Ethical Decision Making in the Hospital Setting

- Principle based
- 5 Step Model (Knapp & Vandecreek 2012)
Case #1: Ms. Bell

- Fidelity (establishing trust/confidentiality) vs. Integrity (removing information from the chart per patient request).
- Alternative solution (sharing the chart and amending with the patient in session): promotes fidelity and adheres to integrity
- Best Practices
  - Be familiar with other disciplines ethical codes/boundaries
  - Educate other disciplines regarding ethical obligations of psychologist

- Beneficence vs. nonmaleficence
  - Weighed each principle
  - Obtained consultation from multidisciplinary team including other psychologists
- Best Practices
  - Consult with colleagues
  - Use institutional resources: bioethics resources, legal dept
  - Consult with professional organizations: APAHC, APapo, SPTA, State Board
  - Consider ABPP/Board Certification
Case #1: Conclusions

• Psychologists in hospital setting need to be mindful of the ongoing process of informed consent
• Health psychologists should take steps to work collaboratively with the team while maintaining patient dignity and confidentiality
• Consultation and team interaction promote ethical decision making
• The use of the EHR promotes integrated care; behavioral health providers are responsible to educate patients and other providers on how behavioral health notes will be used

“\r\nI always enjoy all the patient stories that the medical staff tell at these holiday parties, especially when I can recognize who they’re talking about.”
Case #2: Mr. Isa

- Referred for psychological evaluation of insomnia
- 48 year old male from the Middle East, who primarily spoke Arabic and follows Islam
- Designated a “VIP,” paying out of pocket for specialty services, i.e., a “medical tourist.”
- Local established patient’s appointment cancelled by hospital to accommodate VIP
- Seen by a postdoctoral fellow supervised by licensed psychologist
- Arrived 45 minutes late with his own interpreter/“concierge.”
- Supervisee notes it will be a short appointment; cannot give special treatment.

Case #2: Mr. Isa

- Provided with training disclosure statement in English; briefly interpreted verbally by interpreter and supervisee without supervisor present
- Patient has classic signs of psychological insomnia: difficulty falling asleep, racing thoughts, negative thoughts about sleep, muscle tension
- Patient asked to be seen daily, have relaxation exercises translated into Arabic, and have ongoing phone visits after return to country; supervisee notes this is not possible
- Supervisor arrives during last 15 minutes of appointment to introduce and review treatment plan.
- Despite large Arabic clientele at the hospital, neither the supervisee or supervisor is confident with Arabic culture.
Ethical Considerations?

Ethical Considerations: Cultural Competence

• Cultural Considerations in Hospital Setting
  – Healthcare literacy
  – Healthcare disparities
  – Use of appropriate linguistic services

• Self-assessment
  – Attitudes/knowledge/expertise with specific cultures
  – Attitudes “VIP”
Cultural Competence

- Best practices
  - ✓ Assess healthcare literacy
  - ✓ Use professional medical interpreters; clarify role
  - ✓ Provide consent forms and teaching materials in common languages for practice if possible
  - ✓ Allow extra time when needed
  - ✓ Provide multiple teaching methods
  - ✓ Self-assess biases for populations
  - ✓ Ongoing education regarding diverse populations and cultural competency training

Biblia, Pena, & Bruce, 2015
Arabic Consent Form

Ethical Considerations: Medical Tourism

- traveling internationally for medical care that is paid for out of pocket or by government
- potential to create healthcare disparities between local communities and international high paying patients
- May be used to bypass another country’s regulations
- Concerns about ongoing care locally
- May offer beneficial treatments not available in home country

Snyder et al., 2016; Greenfield & Paswey 2014
Medical Tourism

- Best practices
  - Plan for reasonable care that will benefit patient in time allotted
  - Provide for follow up aftercare plan
  - Do not practice without a license across state or international boundaries
  - Do not sacrifice local community care

Ethical Considerations: Informed Consent with Supervision and Training

- Informed consent:
  - Ethical and Regulatory Responsibilities
  - Governed by Association of State and Provincial Psychology Boards (ASPPB, 2005) and American Psychological Association (APA, 2010)
  - State Board Regulations and Procedures
  - Clarify nature of relationship and role of trainee and psychologist
  - Disclosure Statement

- Important to consider with all trainees including medical residents, interprofessional training
  - Recommend verbal consent and documentation in note of all third parties present
Best Practices

- Be familiar with your state laws and regulations
- Provide written and verbal informed consent of supervisory relationship
- Supervisors should meet with new clients face to face to answer questions
- Supervisees present case to supervisors (collaboratively with patient if possible)

Supervision/Trainee Consent Form

WE WANT YOU TO BE INFORMED

Christina Rummell, Ph.D., is a postdoctoral psychology fellow at the Cleveland Clinic. She will be working with you under the supervision of Kathleen Adelson, Ph.D., a licensed psychologist. No one may provide psychological services in Ohio unless he/she is licensed as a psychologist or is working under the direct supervision of a licensed psychologist. The psychology license is a guarantee that your services are being delivered or supervised by a professional meeting doctoral level standards of training in psychology and professional levels of practice, and is subject to regulation by the Ohio State Board of Psychology, which requires that you be presented with this informed consent statement (OAC 4732-13-040) [2].

A qualified psychologist provides specific methods of evaluation and treatment for problems of emotional distress, interpersonal conflict, psychophysiological distress, behavioral coping dilemmas, and other psychological problems. When you receive psychological treatment, you will be billed for services under the name of the psychologist who will be responsible for the services. PLEASE ASK QUESTIONS YOU MAY HAVE ABOUT PROCEDURES, FEES OR QUALIFICATIONS OF THE PSYCHOLOGIST.

You are being seen by Christina Rummell, Ph.D., a postdoctoral fellow at the Bariatric and Metabolic Institute, 9500 Euclid Avenue, Cleveland, Ohio 44195, phone 216-445-7991. Your psychologist is.
Ethical Considerations: Competence in Supervision/Training

• Supervisor Competencies in Hospital Settings
  – Supervisory relationship is collaborative competency-based practice
  – Goals: 1) train supervisee in an area of specialty, 2) gain competence towards independent practice, 3) protect public and fragile population
  – Standard 2.05: Delegation of Work to Others

Best Practices

✓ Supervisors must be competent in work they are supervising
✓ Supervisors model striving for competence and ethical practices
✓ Supervisors and supervisees prepare and further educate themselves in areas of emerging health psychology practice
Multicultural Model of Ethical Decision Making

1. Self-assessment
2. Curious approach to the patient's unique perspective
3. Ongoing learning of cultural values and norms
4. Mindful design of culturally appropriate, ethical interventions and actions.

Fisher, 2014
Case #2: Multicultural Model of Ethical Decision Making

- Beneficence vs. Justice
  - Does the competence of the supervisee/supervisor to treat insomnia outweigh their lack of cultural competence?
  - Does the patient’s lack of access to insomnia treatment in their home country outweigh the needs of local patients for treatment?
  - Alternative: Supervisee could accommodate both Mr. Isa and find an alternative same day appointment for the patient who was cancelled, serving both of their needs
  - Supervisee/supervisor could elicit more information on Mr. Isa’s cultural values and consult/refer to literature to enhance their cultural knowledge and Mr. Isa’s treatment

Case #2: Multicultural Model of Ethical Decision Making

- Respect for People’s Rights and Dignity
  - Importance of cultural competence
  - Reasonable accommodations given the patient’s limited time in the country
    - What is possible through the hospital’s international office regarding interpretation/translation services?

- Supervisee could consult with international office regarding translation services.

- Treatment plan could be developed within time given

- Flexibility and creativity are important to developing cultural competence
Case #2: Conclusions

- Cultural competence, including assessment of healthcare literacy and adaptive skills, is essential to ethical practice in hospital systems
- Cultural competence will be increasingly important in global healthcare market
- Informed consent essential in training/supervision typical in academic health centers
- Competence must be met for both supervisor and supervisee

Ethics & Confidentiality in Medical Settings

- Multidisciplinary teams, electronic health records, training/supervision, and cultural competency present unique challenges in the medical setting
- Technology advances and increased globalization are trends likely to impact psychologists in medical settings
- Best practices will include grounding in our ethical principles, consultation with peers and organizations, and ongoing cultural competence growth
References & Resources

References & Resources (cont.)


Questions?

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