ETHICAL PRINCIPLES AND PRACTICE STANDARDS IN BIOFEEDBACK

Donald Moss, PhD (2015)
AAPB Webinar
PRINCIPLES IN MEDICAL ETHICS
HIPPOCRATIC OATH: LATE FIFTH CENTURY BCE, MODERN WORDING FOLLOWS

• I swear to fulfill, to the best of my ability and judgment, this covenant: I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.

• I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of overtreatment and therapeutic nihilism.
• I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.

• I will not be ashamed to say "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.
I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given to me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.
• I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.

• I will prevent disease whenever I can, for prevention is preferable to cure.
I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.

If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.
EXCERPT FROM THE CLASSICAL VERSION

• “Whatever houses I may visit, I will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief and in particular of sexual relations with both female and male persons, be they free or slaves.”
FOUNDATIONAL PRINCIPLES OF MEDICAL ETHICS: BENEFICENCE

- *Beneficence* means that a professional conducts the treatment process for the well-being and good of the patient.
- Edmund Pellegrino translates this as meaning that healing is the fundamental principle of medical ethics.
- Medical activities such as cosmetic surgery and euthanasia are at least borderline for this principle.
FOUNDATIONAL PRINCIPLES OF MEDICAL ETHICS: NON-MALEFICENCE

• *Non-maleficence* means a professional conducts treatment process in such a way as to avoid harm to the patient.

• Recent example of psychologists designing and implementing torture at Guantanamo is example of maleficence.

• For the biofeedback practitioner, this means first, being aware of, and minimizing the impact of adverse treatment effects.
FOUNDATIONAL PRINCIPLES OF MEDICAL ETHICS: NON-MALEFICENCE (CONT.)

• It could also mean that the professional seeks to avoid harm that might come from a less than optimal choice of treatment.
FOUNDATIONAL PRINCIPLES OF MEDICAL ETHICS: FIDELITY AND RESPONSIBILITY

• *Fidelity and Responsibility* signifies that practitioners will establish a relationship of trust with each patient, remaining faithful to professional standards and accepting responsibility for their actions.
FOUNDATIONAL PRINCIPLES OF MEDICAL ETHICS: AUTONOMY

- **Autonomy** signifies that a professional will conduct the treatment process in a fashion so as to respect and preserve the autonomy of the patient.

- Autonomy reflects the humanistic principle that each human being has a right to self-determination.
FOUNDATIONAL PRINCIPLES OF MEDICAL ETHICS: AUTONOMY

- The principle of a *truly informed consent* is a correlary to the basic principle of autonomy.
- Making decisions for the patient, without full-disclosure of the implications of the decision, violates the autonomy of the patient.
FOUNDATIONAL PRINCIPLES OF MEDICAL ETHICS:
JUSTICE

• *Justice* signifies that a professional will cultivate a strong sense of fairness and justice, and allow these principles to govern treatment relationships.

• Justice for a biofeedback practitioner may mean that every prospective patient is entitled to access to treatment and to equal quality in service and therapeutics.
• Justice may lead a professional to question the terms of an HMO contract which seem to arbitrarily deny access to adequate quality of care for specific subgroups of patients
AMERICAN PSYCHOLOGICAL ASSOCIATION:
ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

(2010 AMENDMENTS)
1. RESOLVING ETHICAL ISSUES

• When a psychologist believes that an ethical violation has occurred, he or she attempts to resolve the issue by bringing the violation to the attention of that individual.

• When the violation is more grievous, and is not appropriate for informal resolution, or the effort at informal resolution fails, then the psychologist should take action appropriate to the situation (such as referral to state or national ethics committee, licensing board, or institutional authorities).
2. COMPETENCE

• Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.
3. HUMAN RELATIONS

- Psychologists do not engage in unfair discrimination
- Psychologists do not engage in sexual harassment
- Psychologists do not engage in other harassment
- Psychologists take steps to avoid harm to their patients
3. HUMAN RELATIONSHIPS: MULTIPLE RELATIONSHIPS

- Psychologists refrain from entering into multiple relationships if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.
- Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.
SEXUAL INVOLVEMENT WITH PATIENTS, THE RELATIVES OF PATIENTS, FORMER PATIENTS, STUDENTS, SUPERVISEES, ETC.

• The APA ethics code addresses sexual involvement under standards applicable to therapy, as well as under the standard of avoiding multiple (or dual) relationships.
3. HUMAN RELATIONSHIPS: EXPLOITATIVE RELATIONSHIPS

- Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees.
- When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately.
3. HUMAN RELATIONS: INFORMED CONSENT

• When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code.
3. HUMAN RELATIONS: INTERRUPTION OF SERVICES

- Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations.
4. PRIVACY AND CONFIDENTIALITY

• Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship.
4. PRIVACY AND CONFIDENTIALITY: DISCUSSING THE LIMITS OF CONFIDENTIALITY

• Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities.
4. PRIVACY AND CONFIDENTIALITY: MINIMIZING INTRUSIONS ON PRIVACY

• (a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

• (b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.
4. PRIVACY AND CONFIDENTIALITY: DISCLOSURES

• (a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.
4. PRIVACY AND CONFIDENTIALITY: DISCLOSURES (CONT.)

- (b) 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 (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose.
4. PRIVACY AND CONFIDENTIALITY: USE OF CONFIDENTIALITY IN TEACHING AND OTHER PURPOSES

• Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.
PROFESSIONAL CONDUCT IN BIOFEEDBACK AND NEUROFEEDBACK

Donald Moss, PhD, BCB, BCN, and Fredric Shaffer, PhD, BCB (2015)
AAPB Webinar
THE OBJECTIVE OF PROFESSIONAL CONDUCT STANDARDS

• Ethical standards are intended to protect the public, biofeedback, the professions that deliver biofeedback services, and the providers themselves
RESOURCES

• The ethical responsibilities of biofeedback providers and their staff are collectively defined by the licensing act under which they (or their supervisors) operate, their profession, and the Biofeedback Certification Institute of America’s *Professional standards and ethical principles of biofeedback* (5th rev.).

• Physician biofeedback practitioners must also follow the standards of medical ethics, psychologists the Ethical Standards of the APA, and so on.
DIVERSITY AND CULTURAL AWARENESS

• The legal and cultural norms, professional standards, and ethical principles that govern biofeedback providers may vary somewhat from country to country, culture to culture, and even community to community.

• The APA guideline which recommends against maintaining a “dual relationship” with a client, such as friendship, may obstruct effective treatment in a community which mandates that any “healer” visit the family and participate in religious rituals with the sufferer.
RESPONSIBILITY

• Providers should acquire entry-level competence in biofeedback and then expand their expertise through activities like continuing education.

• Providers strive to protect their clients’ welfare by appreciating their impact on the clients’ lives, and by recognizing and avoiding potential for conflicts of interest.
RESPONSIBILITY (CONT.)

• Providers consult peers and utilize clinical supervision to guide initial clinical work in new areas, to discuss problem situations, and to see their own evolving practice patterns in a clear perspective.
COMPETENCE

• Competent providers are critical consumers of biofeedback research and stay informed of relevant findings. They recognize where biofeedback is indicated and contraindicated, and critically evaluate the efficacy of biofeedback applications.

• It is not in the best interest of the client to recommend an experimental treatment, which one is personally fascinated with, when a well-documented and effective treatment is available for the client’s problems.
INFORMED CONSENT

• A practitioner may provide less-documented biofeedback and behavioral therapies, if the client is informed of the available therapies for their problem, the evidence for each, and the scope of the evidence for the treatment that one is advocating.

• Optimally that informed consent will be written
SCOPE OF PRACTICE

• Practitioners must be aware of the scope of practice defined by state laws and regulations for health care professions.
• Example: In most states, psychologists and social workers may not prescribe nutritional modifications
• Example: A health coach or educator may seek certification in biofeedback, but may not diagnose a medical or psychiatric condition.
SCOPE OF PRACTICE (CONT.)

• Scope of practice is also defined by knowledge and experience.

• Practitioners must practice within the scope of their own expertise as well. When undertaking new applications of biofeedback, it is essential to obtain training on the new application and relevant techniques, and to seek supervision by a professional with experience in biofeedback treatment of this disorder or the use of this technique.
SCOPE OF PRACTICE (CONT.)

- Knowing the biofeedback technique is not sufficient, when beginning to treat a new patient group.
- A professional who wishes to treat dissociative disorders, seizure disorders, or major mood disorders, must also gain knowledge and experienced, through appropriate education and supervision, of the condition and its management.
- Even effective application of biofeedback therapies for delicate conditions, may trigger an emotional or medical crisis, and the therapist must know how to manage such events.
COMPLIANCE WITH RELEVANT LAWS

• Providers comply with applicable laws and the ethical standards of their profession and certifying organization.
• They require a government license or credential to independently treat a medical or psychological disorder.
• Those without a license or credential must obtain appropriate supervision to treat these disorders.
ETHICAL STANDARDS

• Biofeedback providers recognize that their effectiveness and the credibility of the field depend on their professional conduct.

• They only bill for the services that they or the staff they supervise provide.
TOUCH, PRIVACY, AND RESPECT

• Biofeedback Practitioners must recognize that usual standards in psychology and mental health professions call for almost no physical touch between a therapist and patient.

• Biofeedback practice calls for careful development of procedures and routines to provide the rationale for regular touch.

• Application of sensors should include appropriate education and discussion of the sensors, their use, the proper placement of sensors, and the permission of the patient to proceed.
TOUCH, PRIVACY, AND RESPECT (CONT.)

• When a biofeedback protocol calls for application of sensors to sensitive areas of the body (such as torso application of EKG sensors), usual medical procedures should be taken to assure the patient of professionalism and respect.

• The presence of a same sex nurse or technician and the use of gowns or other garments allowing patient modesty can be helpful.
• For more invasive protocols, such as pelvic floor biofeedback treatments (with vaginally or anally inserted sensors), additional standard procedures have been developed, and should be learned.

• In some cases, patients can be educated to apply/insert sensors themselves, preserving their modesty without the presence of a nurse or technician.
MITIGATION OF INFECTION RISK

• Professionals adhere to highest standards of infection mitigation to protect clients and staff.
• Practitioners are responsible to learn and follow reasonable disinfection standards applicable to biofeedback instruments, sensors, and office environments, for the protection of clients.
CONFIDENTIALITY

• While professionals strive to protect the confidentiality of client, student, and research participant information, confidentiality is never absolute.

• For this reason, professionals explain their procedures for protecting the confidentiality of data and the legal limits of confidentiality during orientation when they obtain informed consent.
CONFIDENTIALITY (CONT.)

• Generally, one may release information only with the written consent of the individual or her representative.
• There are exceptions including fee collection.
• A subpoena does not automatically protect the therapist from responsibility for confidentiality.
• One must be aware of and comply with mandated reporting laws that deal with abuse or neglect, and protecting the client or others from harm.
ASPIRATIONAL ETHICS, CHARACTER ETHICS, AND VIRTUE-BASED ETHICS

Donald Moss, PhD (2015)

AAPB Webinar
EPICHTETUS (55-135) – GREEK STOIC PHILOSOPHER

• “First say to yourself what you would be; and then do what you have to do.”

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CONFUCIUS, 551BC-479BC, CHINESE PHILOSOPHER, AUTHOR OF “THE ANALECTS”

• “To see what is right and not to do it is want of courage.”
“Treating people with respect will gain one wide acceptance and improve the business.”
“On a personal level, everyone must answer the following question: What is my highest aspiration? The answer might be wealth, fame, knowledge, popularity, or integrity. But if integrity is secondary to any of the other alternatives, it will be sacrificed in situations in which a choice must be made. Such situations will inevitably occur in every person’s life.”
STEPHEN R COVEY, BUSINESS MOTIVATIONAL SPEAKER WHO WROTE “SEVEN HABITS OF HIGHLY EFFECTIVE PEOPLE”

• “The character ethic, which I believe to be the foundation of success, teaches that there are basic principles of effective living, and that people can only experience true success and enduring happiness as they learn and integrate these principles into their basic character.”
GEORGE WASHINGTON

• “Associate with men of good quality, if you esteem your own reputation, for it is better to be alone than in bad company.”
Rotary International

The Four Way Test ... of what we think, say, or do...

1. Is it the truth?  
2. Is it fair to all concerned?  
3. Will it build goodwill and better friendships?  
4. Will it be beneficial to all concerned?

Developed in the 1930’s by Herbert J. Taylor, to save the Club Aluminum Company from bankruptcy.  
Adopted by RI in the 1940’s and used worldwide today as the ethical standard for Rotarians to apply to their businesses.
WHAT WOULD JESUS DO?

• We aspire to follow and become like those we ultimately admire. Who are your spiritual models?

• Who are your professional models?

• Who are your personal models?