Distinguishing the Ethics of Clinical Research and Clinical Care

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State and Federal Advocacy Issues

The Legislative Committee is busy preparing for the upcoming legislative season. Here is what we are working on:

Our State Licensing Law: We have just completed the Department of Health Hearings on the revised regulations from the 2008 licensing revision. They will soon be implemented. We are now preparing a new licensing update to address some current issues. The current draft seeks to:

1. Allow the Board of Psychology to investigate and engage in disciplinary action anyone practicing psychology whether or not identified as a psychologist.
2. Add language to the discipline section that will enable psychologists to be assisted by a colleague assistance program approved by the Board. The language would allow the Board to refer a person who is the subject of a disciplinary complaint to the program for assessment and treatment. The Board would be able to enter into an agreement with a psychologist to participate in the program without having to come to a disciplinary finding. The Board would be able to dismiss or suspend a complaint if the psychologist complies and completes the program successfully. The Board would be able to restate the complaint if the psychologist was not compliant with the agreement.
3. Clarify the Temporary Permit section to allow post-docs to get permits before they take the EPPP (so they will have completed all requirements but the EPPP and the second year of supervision) and allow people in post-doctoral programs with temporary permits to use the title “psychologist resident.”

When the bill is passed we will again update the regulations to be in compliance with the law. We hope the staffing situation at the Department of Health will enable us to do this promptly this time. In the regulations update we will also seek to clarify the requirements for supervision and training experience.

Mandated Insurance Benefits for Autistic Spectrum Disorders: At the request of the psychologists at the Developmental Disabilities Services at Bradley Hospital, we are working with them on a bill that would mandate home based treatment services for kids with pervasive developmental disabilities from private insurance companies.

Our consensus is that we are supportive of the basic intent of the bill. However, there is one aspect of the bill that we have helped guide the sponsor by a national advocacy group, Autism Speaks. The current version would require the individual responsible for providing the service and supervising home workers to have a Certificate of Competency. This certificate has been developed by the American Psychological Association in Applied Behavior Analysis. In our view this is inappropriate. By statute Rhode Island requires the provision of clinical services to be provided by a healthcare professional licensed by the Department of Health within their scope of practice, not through a certificate provided by an independent entity outside the scope of our licensing law. We hope we can resolve this issue with the Senate sponsor.

Marriage Equality: The RIPA Board has reaffirmed support of Marriage Equality. RIPA will continue to advocate in support of the bill. Past-President James Campbell will lead our advocacy efforts.

Reimbursement Rates: We continue to be concerned that despite the implementation of federal mental health parity, that some health insurance companies continue to discriminate against behavioral health professionals by reimbursing for behavioral health services on a different basis than they reimburse for services. That usually translates to lower levels of reimbursement for behavioral health care professionals than for medical professionals. This discrimination impairs accessibility and quality of care. We will continue to submit our bill that would add “rate parity” to our state mental health benefit law. We seek to continue to remove the barriers and stigma that behavioral health clients face.

Submitted by Peter Oppenheimer, Ph.D.
APA Council Representative

Ethics Corner

Distinguishing the Ethics of Clinical Research and Clinical Care

Clinical research is vital to clinical care. These days, more research is conducted by clinicians in more organizations and across many different departments and disciplines. A clinician will undoubtedly work with researchers or may hold dual roles as both clinician and researcher. This dual role may create many ethical issues that were not present when the research was performed. With the increase in the number of clinicians involved in research, the research standards are constantly being reviewed for their effectiveness in ensuring the ethical treatment of participants and the integrity of research. To better understand the ethical issues involving research, we need to distinguish the differences between clinical research and clinical care.

When one thinks of clinical research, one often thinks of research that is conducted in a clinical setting. This research may be conducted in a hospital or a clinic, and the participants are often patients. However, clinical research can also be conducted in a non-clinical setting, such as a laboratory or a community setting. In all cases, the research must be conducted in a manner that is consistent with the ethical principles of the research community.

Clinical research is conducted to answer questions about the effectiveness of medical treatments. These questions may be related to the safety and efficacy of new treatments, the best way to deliver care, or the impact of healthcare policies. The results of clinical research can lead to improvements in healthcare, and it can also provide insights into the underlying mechanisms of diseases.

On the other hand, clinical care is the provision of healthcare services to patients who are seeking medical attention. Clinical care is provided by healthcare professionals, such as doctors, nurses, and therapists. The goal of clinical care is to improve the health and well-being of patients.

The ethical principles that guide clinical research and clinical care are similar, but there are important differences. For example, the ethical principles of informed consent and confidentiality are important in both clinical research and clinical care. However, the extent to which these principles are applied may differ. In clinical research, informed consent is typically obtained from the participants, whereas in clinical care, informed consent is typically obtained from the patients.

In addition, the ethical principles of beneficence and non-maleficence are important in both clinical research and clinical care. However, the extent to which these principles are applied may differ. In clinical research, beneficence is typically considered when determining the benefit of a research study to the participants. In clinical care, beneficence is considered when determining the benefit of a medical treatment to the patient.

Finally, the ethical principles of justice and justice are important in both clinical research and clinical care. However, the extent to which these principles are applied may differ. In clinical research, justice is considered when determining who should be included in a research study. In clinical care, justice is considered when determining who should receive a medical treatment.

In conclusion, clinical research and clinical care are two important areas of healthcare. They both involve ethical principles, but the extent to which these principles are applied may differ. It is important for healthcare professionals to understand the differences between clinical research and clinical care in order to provide the best possible care to their patients.

Submitted by Rashelle E. Hayes, PhD
RIPA Ethics Committee

References


Got a question about ethics in your professional work, whether clinical or research? Contact the RIPA Ethics Committee for assistance from a committee of your fellow psychologists.
Contact the ethics committee at 732-2900 or jhutson@ripsych.org to find the Ethics on-call member.