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 completes and complies the program successfully. The Board would be able to reinstate 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 "psychology 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 experiences.

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 a defect of the bill. The bill has been approved in the Senate Health Committee by a national advocacy group, Autism Speaks. The current version would require the individual responsible for providing the service and supervising homeworkers to have a Certificate in Applied Behavioral 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 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.

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 psychologists and professionals by reimbursing for behavioral health services on a different basis than they reimburse for medical 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 benefits law. We seek to continue to remove the barriers and stigma that behavioral health clients face.

Looking to the future, we have a number of new issues emerging.

1. Clarify the roles of clinician versus clinician-researcher. While the roles and obligations of a clinician versus clinician-researcher will undoubtedly work with researchers or may hold dual roles as both clinician and research investigator. While this can create enormous opportunities for advances in healthcare, often this can potentially allow for ethical concerns to surface. These ethical concerns may stem from a limited understanding of how clinical research differs from clinical care. Additionally, roles and obligations of a clinician versus clinician-researcher may unintentionally blur in research settings. Clarifying these differences for the clinician-researcher as well as for the patient may help to reduce ethical concerns when conducting research.

So, what are the differences? In clinical care, the primary goal is to promote the well-being of the individual patient. That is, treatment and assessment is tailored to the individual. Ethically, the potential benefits of therapeutic care prescribed to the patient must outweigh the risks posed to them. On the other hand, the goals of clinical research are to produce generalizable scientific knowledge that will improve clinical care for future patients and for society. Thus, in clinical research an individual patient receives treatment based on the scientific design of a research protocol and not on individualized care. The care is standardized and may not be the most optimal care that a patient could receive. In fact, unethical procedures that are a part of a study protocol, may pose some risk to patients without providing individual benefits. However, federal regulations allow for individual high risk bill that we find 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 sponsor.

2. 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 "psychology resident."

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