

Ethics in a Post-COVID World: Part 1

Satellite Conference and Live Webcast
Wednesday, June 15, 2022
9:00 – 10:30 a.m. Central Time

Produced by the Alabama Department of Public Health
Health Media and Communications Division

Faculty

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Goal Of The Training

The goal of this training is to review key aspects of ethical practice in delivering public health services.

Objectives

At the conclusion of this training, participants will be able to:

- Name at least three ethical challenges arising with the rapid uptake in telehealth services;
- Identify at least four ethical challenges associated with returning to in-person sessions including home visits;
- List at least three social work ethical standards related to use of social media and online platforms;
- Name three common countertransference reactions to individuals making choices about COVID prevention and guidelines for managing reactions.

Ethics: A Foundation

Ethical Standards NASW Code of Ethics

- Ethical Responsibilities to Clients
- Ethical Responsibilities to Colleagues
- Ethical Responsibilities in Practice Settings
- Ethical Responsibilities as Professionals
- Ethical Responsibilities to Broader Society

Core Values in NASW Code of Ethics

A Venn diagram with five overlapping circles representing core values: Service to others (top), Social Justice (right), Dignity and Worth of a Person (bottom right), Importance of Human Relationships (bottom), and Integrity (left). The circles overlap in various combinations, with a central area where all five overlap. The text 'Competence' is positioned to the left of the diagram.

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Nursing Code of Ethics

- **Autonomy**
- **Beneficence**
- **Justice**
- **Non-maleficence**
- **Privacy/Confidentiality**

American Nursing Association 2017

Nursing Main Provisions

- **The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.**
- **The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.**
- **The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.**

Nursing Main Provisions

- The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to provide optimal patient care.
- The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.

Nursing Main Provisions

- The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.
- The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.

Nursing Main Provisions

- The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.
- The profession of nursing, collectively through its professional organization, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

Most Commonly Reported Ethical Violations

- Boundary violations (sexual relationships most numerous)
- Poor practice
- Competence
- Record Keeping
- Honesty
- Breach of Confidentiality
- Informed Consent
- Billing
- Conflicts of Interest

(Birkenmaier et. Al. 2014)

Ethical Challenges in 2020-2022?

NASW Code of Ethics Amendment 2020

Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. Social workers should take measures to care for themselves professionally and personally. Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated.

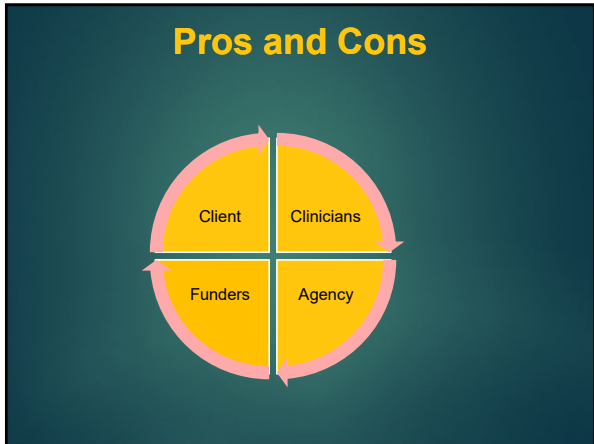
**Questions?
Comments?**

alphtnquestions@adph.state.al.us

Virtual Service Delivery

Common Uses of Technology

- Telephone/Audio Counseling
- Video/Web Conferencing Tools
- Self-Directed, Web-Based, and Computer-Based Therapeutic Tools
- Web-Based and Text Communication: Email, Chat, Forums, Electronic Mailing Lists, and Social Networks
- Use of Mobile or Handheld Technologies



Elements of Informed Consent

Individuals who may have access to clinical information:

- Other providers on both ends of a Web conferencing exchange
- Technical staff members required to operate maintain the technology
- Other participants in groups or chats
- Supervisors
- Program evaluators or quality assurance monitors

Elements of Informed Consent

Process and alternatives for Services:

- Whether communication will be synchronous or asynchronous
- Response standards and scheduling
- Frequency of interactions
- Misunderstandings (text-based and video-based risks)
- Alternative treatments or delivery approaches

Elements of Informed Consent

Confidentiality of communications and records:

- Confidentiality laws that apply to clinical exchanges using technology
- Legal exceptions that apply to tele mental healthcare or telemedicine just as they do to in-person
- Clinical work, including child abuse, elder abuse, medical emergencies, threats of violence, or danger to self, as dictated by state and federal laws

Elements of Informed Consent

Privacy and privacy risks:

- What is being transmitted, including identifiable images, clinical information, appointment reminders, and billing information
- Form of transmission, including attempts to protect privacy using encryption
- Privacy risks inherent in transmission, such as failures of technology, and unauthorized access to electronic information
- Storage/destruction policies for electronic communications (e.g., text messages, emails)

Elements of Informed Consent

Ways for Clients to manage privacy:

- Controlling access to communications through establishing passwords, deleting cookies, and controlling computer access
- Understanding the risks of sharing email accounts
- Limiting or preventing the provision of identifying information on social media
- Identifying Internet security risks
- Installing virus, spyware, and malware detection software

Consumer Engagement in Virtual Service Delivery

- Closely monitor the therapeutic alliance, as you would with any change that might potentially affect the treatment relationship.
- Address what the technology can and cannot do by using clear communication and ensuring transparency. Discuss the client's expectations of how the technology will augment treatment.
- Ask for the client's suggestions about how the technology-based tool can be used, eliciting feedback about the tool before actually integrating it into treatment. How can the app be helpful or not so helpful?

Practice Examples

- Quick re-scheduling text?
- Brief check in between appointments on Facetime?
- Email homework reminder for DBT group?
- SMS medication reminders?

Communication and Digital Technology--HIPAA Issues

- PHI—Protected Health Information Protected health information (PHI), also referred to as personal health information, generally refers to demographic information, medical histories, test and laboratory results, mental health conditions, insurance information, and other data that a healthcare professional collects to identify an individual and determine appropriate care.
- A Covered Entity simply provides treatment, payment and operations in healthcare. A Business Associate has access to patient information and provides support in treatment, payment or operations.

Key Questions

- Question 1: Am I a covered entity?
- Question 2: Am I transmitting PHI?
- Question 3: Is PHI encrypted?
- Question 4: Do I have a business associate agreement in place?

Questions?
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Returning to Work:
Ethical Issues

What are the Issues faced by staff who have been teleworking or working hybrid now being asked to return to the office?

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Questions for Employers

- How to keep clients safe?
- How to keep employees safe?
- How to mitigate legal risks?
- How to foster collegiality in divisive times?

ADPH Position on Mandates Act 2021:493

- Prohibits state and local governmental entities from issuing or requiring the publication or sharing of immunization records not otherwise required by law;
- Prohibits state and local governmental entities from requiring vaccination as a condition for receiving government services or for entry into a government building;

ADPH Position on Mandates

- Prohibits institutions of education—both public and private—from requiring students to prove any new immunization status as a condition of attendance; and
- Prohibits businesses from refusing to provide goods or services, or refusing to allow admission, to an individual based on the customer's immunization status or lack of immunization documentation.

- Exception for religious freedom rationale...

Competing Perspectives

Client Perspectives

Employee Perspectives

Employer Perspectives

HR Strategies

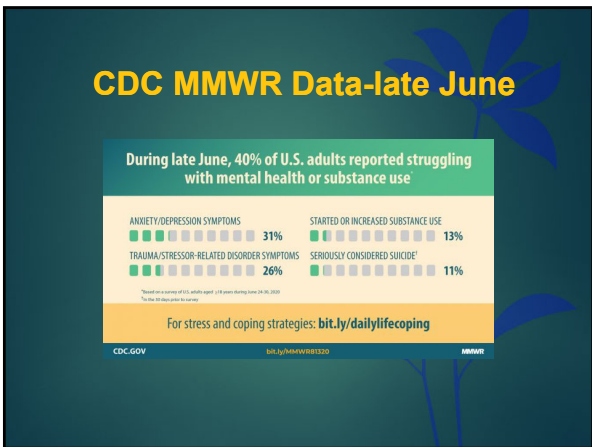
- Open Communication
- Consistency and Flexibility
- Health and Safety
- Policies and Procedures Updated

<https://www.shrm.org/resourcesandtools/hr-topics/behavioral-competencies/pages/returning-employees-to-the-physical-workplace.aspx>

Self-Care in a Post-COVID World

NASW Code of Ethics Amendment 2020

Professional self-care is paramount for competent and ethical social work practice. Professional demands, challenging workplace climates, and exposure to trauma warrant that social workers maintain personal and professional health, safety, and integrity. Social work organizations, agencies, and educational institutions are encouraged to promote organizational policies, practices, and materials to support social workers' self-care.



Census Findings—June 2020

- 30% positive anxiety and depression screenings
- Poorer outcomes for
 - Young adults (18-29)
 - Females
 - Lower educational attainment
 - Hispanic race and non-Hispanic, other/multiple races

General Population Effects

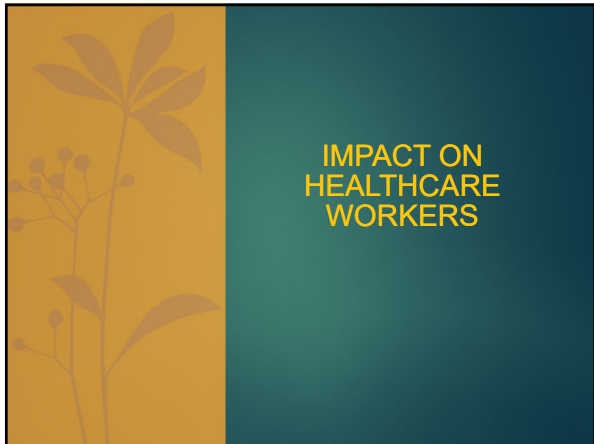
- Anxiety (6.33% to 50.9%)
- Depression (14.6% to 48.3%)
- Psychological distress (34.43% to 38%) and stress disorders (8.1% to 81.9%)
- Post-traumatic stress disorder (7% to 53.8%)

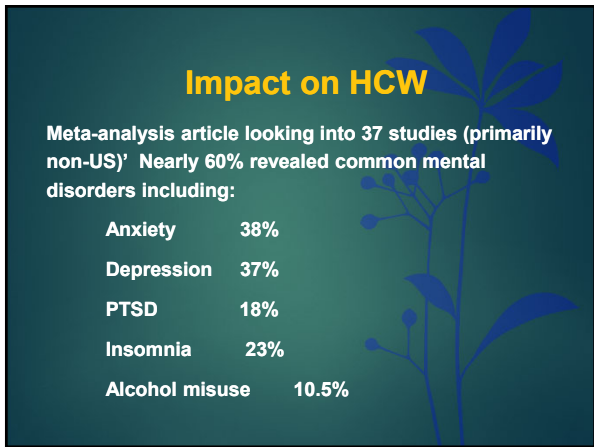
Impact of COVID-19 pandemic on mental health in the general population: A systematic review
Journal of Affective Disorders Dec. 2020 Xiang et al

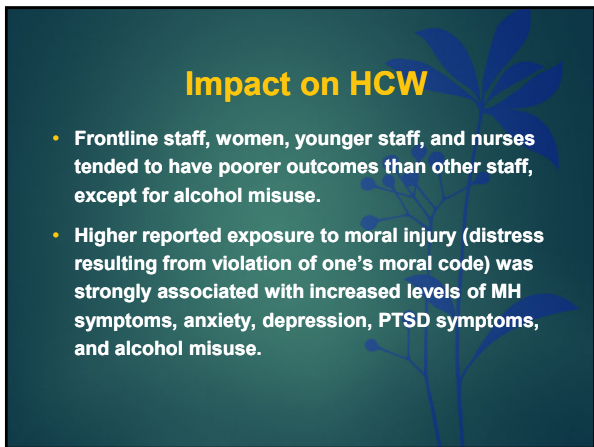
Substance Use Opiate Use Markers

- Stress + Isolation + Socioeconomic distress + loss of access to coping= increase in amount and frequency
- 54% annual increase in alcohol sales nationally from March 1, 2020- March 1, 2021
- Overdose data showed nearly 30% increase in opiate overdose; other overdoses were up nearly 50%.
- 40 states had higher opiate overdose rates in 2020.

www.nida.gov








Group Brainstorm

1) What have you seen in *your friends/family* as a reaction to COVID?


2) What issues resonate *among health care workers* you know?



Questions?
Comments?

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COVID-19 AS COLLECTIVE TRAUMA



COLLECTIVE TRAUMA

...refers to the psychological reactions to a traumatic event that affect an entire society; it does not merely reflect an historical fact, the recollection of a terrible event that happened to a group of people. It suggests that the tragedy is represented in the collective memory of the group, not only a reproduction of the events, but also an ongoing reconstruction of the trauma in an attempt to make sense of it.

Impact of Natural Disasters

For 'directly exposed' individuals, PTSD prevalence after the event ranges 20-30%. The effect for children appears to be higher.

In addition to PTSD, rates of depression following natural disasters tends to be significantly increased; effect on anxiety and substance use do not appear significant.

PTSD symptoms appear to resolve in a majority of individuals without formal intervention. Follow-up studies show PTSD rates closer to 5-10% of adults.

Neria et al; 2018

COVID-19 as Trauma

COVID-19 as a free-floating natural disaster - a traumatic event - with the potential to cause physical, emotional, and psychosocial harm to all who survive.

Resiliency Factors

- Social support/connectedness
- Action-oriented coping style
- Self-efficacy/sense of mastery
- Purpose in life/spiritual life
- Talking about the experience and feelings
- Seeking help

Key Questions

- Pre-morbid conditions?
- How severe current situation is?
- How high is the level of stress?
- Previous successful coping tools? New tools to add?

Questions?

Comments?

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