

ETHICAL DILEMMAS--DIFFERENCES IN THE PUBLIC AND PRIVATE FOR PROFIT PRACTITIONERS' POINT OF VIEW

MICHAEL C. McCLANAHAN

ABSTRACT: Ethics, or the "rules or standards governing the conduct of the members of a profession" (Houghton Mifflin, 1976) is a central issue confronting professionals in rehabilitation. A review of the editorial sections of the most recent issues of The Journal of Rehabilitation show the nature of the ethical issues. The emergence of the private profit sector in rehabilitation is the source of this ethical dilemma. This paper considers the ethical issues confronting rehabilitation practitioners in the private profit and public sectors.

Ethical Issues--The Literature

Nadolsky (1984), is critical of professionals in both sectors, claiming that "...public agency personnel ascribe to a belief in individualization of service principles; in actual practice they often submit to organizational pressure and fail to provide those individualized services that will enable their clients to achieve an optimum level of functioning ..." while personnel in the private for profit sector "...find themselves submitting to the pressures and requirements imposed by insurance companies ...a perspective that does not enable them to ascribe to the individualization of service or the optimum functioning principles." Three rebuttal letters to the editor in the following issue of the Journal of Rehabilitation (Atkinson, et al., 1984), arrive at the same, apparently independent, conclusion that the only "crisis in rehabilitation" is Nadolsky's perception. (1984). A review of the literature would suggest that their response is erroneous and defensive. Although Nadolsky's editorial has touched off a multitude of exchanges, debates, articles, and correspondence, his concern is not new. Matkin, (one of the critical respondents to Nadolsky's editorial), and May (1981) published an article 3 years ago on the potential conflicts of interest in private rehabilitation and concluded that the private for profit sector brings with it a number of ethical concerns due to the strong profit motive, the diversity of qualification levels of its practitioners, and the lack of a regulatory governing body. Two years prior to Matkin's study, Lewin, Ramseur and Sink (1979) expressed similar concerns related to the role of private rehabilitation efforts. More generic to the field of rehabilitation is an article on ethics published by Geist, Curin, Prestridge and Schelb (1973) in which they state "...Because of administrative and bureaucratic efforts for self-

survival, the agency no longer serves the counselors, but rather the counselor works chiefly to self-survival...somewhere along the line the client and his needs get lost." In 1981 the National Association of Rehabilitation Professionals in the Private Sector (NARPPS) adopted its "Standards and Ethics" (NARPPS, 1981) and created a review board to consider complaints of unethical conduct of its members, and empowered that board to revoke membership if necessary. In addition, the creation of the Commission on Rehabilitation Counselor Certification (CRCC) and its Code of Ethics empowers that organization to "...suspend or revoke certification upon violation of the Code of Ethics" (CRCC, 1981). Tuck (1983) insinuates transgression of professional ethics in the use of rehabilitation practitioners for litigation by stating that "this is not a traditional role for rehab counselors and, in many cases, represents a selling of one's professional soul" and cites Matkin and May (1981) as her source. Matkin and May (1983) respond to this charge saying that their articles did not imply the necessity of selling one's professional soul and that "...ethics rests with professional, not the work environment or job functions." Finally, Cottone, Simmons, Wilfley (1983) surveyed the literature of four national rehabilitation journals and psychological abstracts over the time period of 1970-1981 for articles focusing on ethical issues in vocational rehabilitation. Their conclusion was "...there were many publications on ethical issues in vocational rehabilitation between 1970 and 1981, closer examination reveals a relative paucity of articles on topics specific to rehabilitation practice."

Practitioner Interviews

In order for this writer to formulate as objective a set of impressions as possible related to the ethical dilemmas encountered by practitioners in both the public and private sectors,

informal individual interviews were conducted. The opened-ended question was asked:

"Do you feel that you are asked to compromise the rules or standards governing the conduct of the members of your profession in any way? If so, in what ways?"

Without exception, individuals in the private for profit sector responded that they felt pressure, either implied or overt, to support the referral sources' point of view. Predominantly, the referral source was insurance companies, although a minority of practitioners verbalized pressure from either the client (if self referred) or his attorney. The second most frequently received response from the private for profit practitioners was that they felt pressure from their respective employers to perform unnecessary activities in order to obtain increased billable hours.

An adjunct to this is that respondents also reported their billing transmittals were either raised or lowered to reflect "appropriate" billing amounts.

Responses from individuals in the public sector of rehabilitation were more varied and thus more difficult to categorize. The trend, however, was that of two responses: (1) caseload/paperwork demands are so high that they interfere with job effectiveness, and (2) the regulations and money constraints are overwhelming.

These obtained responses seem to validate Nadolsky's claim that individuals in both the private and public sectors experience pressure to submit to organizational demands rather than individual needs (Nadolsky, 1984). The individual in the private sector experiences pressure from both the insurance company and their own company, while the public practitioners find constraining regulations and paperwork demands imposed on them by their agency. This further

validates Geist, Curin, Prestridge and Schelb's (1973) previously reported study that efforts by the counselor seem to be directed toward the agency survival rather than the disabled individual's gain.

Rehabilitation and a Changing Society

What has been implied, but not explicitly stated in the literature, is that a growing number of rehabilitation professionals are aware of the changes occurring in the field and many are fearful of the resulting outcome. Rather than seeing themselves as cooperating agencies and companies, one can sense an air of alienation between the two sectors, not unlike that of other organizations who find themselves with divergent backgrounds and somehow similar goals (e.g., professional and college sports, church and social reform agencies, public and private schools, etc.). Many in the public sector seem to be "turf protecting" and claim that practitioners in the private sector are providing insurance work rather than rehabilitation, while private practitioners sometimes counter with claims of ineptness of the public sector rehabilitationers.

This state of anxiety regarding the future state of rehabilitation has the potential to be a "healthy fear." The field of rehabilitation, if it is a dynamic field, has been, and always will be in a state of transition. The field will continue to reflect the transition of society so that practitioners respond to the real needs of the people. Nadolsky (1984) remarks that private for profit practitioners are "...serving to redefine the rehabilitation process..." and that "...programs have cast aside certain basic principles that have been historically associated with the rehabilitation movement..." Is this necessarily and evil? We are presently redefining which people might be considered "handicapped" and therefore qualify for rehabilitation service, either private or public.

Public vocational rehabilitation counselors, if given an opportunity, will reflect on "the good old days of V.R." when the "3-H's" were easy "26" closures. This handicapping condition has been redefined. In the embryonic stage of the private for profit movement, many professionals were reported to be totally biased, always favoring the referral source. With the demise of a number of private agencies who were viewed as non-credible, the survivors have learned that objectivity (a quality product) has more substantial long-term benefits. As credibility increases, so do referrals from all sides of the legal posture (i.e., defense and plaintiff). Sink and Craft (1981) suggest that as medical technology advances persons over 65 might one day qualify for rehabilitation services as life expectancy grows, so that the elderly will become a resource rather than a drain. In addition, medical advances will cause the very nature of rehabilitation to change as do the needs of society (Spears, 1983). Naisbitt (1982) notes the coming in of the information age and the exit of the industrially based society, reflective of the fact that clerk jobs became the number one occupation in 1979, replacing laborers, which replaced farmers. Women will constitute 47% of the work force and their income will comprise 40% of the average family income. As society changes, the field of rehabilitation must also, to keep pace.

Private and Public--Mutually Beneficial

What the private for profit movement has successfully done, is respond quickly and effectively to the changing nature of society in order to meet the people's needs. Matkin (1982) surveyed 268 NARPPS members and listed 29 different services offered by the private sector; a survey which might, in part, refute Nadolsky's (1984) assertion that the "...provision of service to indi-

viduals is limited in the private-for-profit sector..." The private sector, in addition to reduced federal spending, has encouraged public sector rehabilitation agencies to heighten their business practices and to seek new markets. Professionals entering or moving about in the rehabilitation field will begin to find themselves with some level of bargaining power for salaries and prerequisites as there is more than "one show in town." As litigation increases, so will accountability, which will ultimately result in better and more efficient services for disabled individuals.

Ethical dilemmas encountered by practitioners in both the public and private for profit sectors is the topic of this paper. It has been shown that a remarkable similarity exists between the two sectors in terms of temptations related to professional conduct. The solution to the issue of handling ethical dilemmas is also remarkably similar. Professionals, individually and collectively, must ardently adhere to the principles governing their profession. Strong professional organizations, solid educational programs, both in-service and formal, are necessary for growth.

The intent of this paper was to compare and contrast one aspect of the two sectors. The similarities having been noted, a word of caution is due. The two movements, although strikingly similar in some ways, is markedly different and non-comparable in others. In some aspects, it is like comparing apples and oranges, or sounds and smells. The ultimate conclusion in attempting to compare two totally different realms might lead to a conclusion in the form of the rhetorical question: "What does an E-flat smell like?"

Mercer (1979), commenting on professional behavior concludes that "we must assume personal responsibility for earning professional respect through active concerns and involvement." Marvin Spears (1983) so aptly put the status of rehabilitation as a

function of society and states "Rehabilitation...is changing, and will change drastically in the future--and will do so at a pace that might be stressful." Well, Mr. Spears, it is stressful, but in a positive, healthy way. The rehabilitation movement at this stage can be viewed as painful but exciting growth. Members in both the public and private sector have much to look forward to in this age, and can be proud of their pilgrimage.

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Author

Michael C. McClanahan
Auburn University
Auburn, AL