

PROFESSIONAL ISSUES

Uncertainties in Daily Practice

Sebastian “Seb” Striefel, PhD

Department of Psychology, Utah State University, Logan, UT

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Uncertainty is an ongoing part of daily practice. The tension between uncertainty and professional responsibilities often motivates practitioners to find ways to resolve and eliminate uncertainties. Continuing education, supervision, consultation, working closely with other professionals (e.g., a primary care team), learning how to make logical decisions, and using an ethical decision-making model are all ways to control or eliminate some of the uncertainties of daily practice. Information, common sense, prudence, and patience are also necessary.

Introduction

The Hippocratic Oath, which states “First do no harm,” has been used by physicians for thousands of years. It is as relevant today as it ever was and it should be adhered to by all health care professionals. Doing otherwise would be contrary to what is in the best interests of the client/patient and, thus, unethical. The lines between traditional health care, alternative medicine, and complimentary medicine have become blurred over time. Yet there is more need and emphasis than ever before on treating the whole person and on working closely and cooperatively with professionals from other disciplines because of the complexity and vast quantities of information now available to members of various disciplines. I recently looked at the website of two naturopathic physicians (U. Knorr & L. Peterson), www.eastsidenaturalhealth.com, who have posted a very interesting philosophic statement and set of principles to implement. The philosophic statement is that “nature heals.” The principles they list include:

1. First do no harm;
2. Restore and support your inherent healing system;
3. Find the underlying cause(s) of the illness;
4. Treat the whole person;
5. Adopt prevention; and
6. Emphasize wellness.

All in all, the aforementioned are a reasonable set of principles for guiding an approach to practice. A biofeedback practitioner working with other professionals would do well to learn about these other practitioners’

philosophic approaches to practice and the principles that guide their approaches to practice. Biofeedback practitioners working with primary care practitioners and their network could well choose to operate on the basis of the principles of that network, provided, of course, that the principles and philosophy are ethical, legal, and congruent with one’s own approach. See Striefel (2003a & 2003b) for more discussion on principles to guide one’s practice activities.

There is an emphasis today on providing the majority of health care in a primary care rather than in hospital settings (Dowrick & Frith, 1999). Along with this shift in emphasis, the biopsychosocial approach to health care has taken on more importance, and it attempts to identify, assess, and treat the biological, psychological, and social elements of the patient that influence his or her health (Dowrick & Frith, 1999). Primary care now operates more from a community rather than hospital base and provides real opportunities for biofeedback practitioners to locate their practices within or adjacent to that of primary care practitioners. Working in a primary care setting requires a shift in thinking and a new or expanded set of responsibilities for the biofeedback practitioner. For example, limited financial resources and management emphasize the importance of ensuring that all treatments used have been proven to be useful and effective (i.e., evidence-based treatments) (Dowrick & Frith, 1999; Frith, 1999). See Moss, McGrady, Davies, and Wickramasekera (2003) for more information on working in primary care settings and/or with primary care providers. See also the other articles in this issue of *Biofeedback*.

Proven Methods

Ethically, professionals should not be using unproven methods if proven effective treatments exist, at least not without going through a careful, honest, and complete informed consent process with the client that includes the risks and benefits of the proven method(s) and the proposed treatment method. Unproven methods, as defined by the lack of sufficient research support, might be very effective and might have good clinical but not research support. A client has the ethical right to choose,

after receiving all of the relevant information. Some clients may prefer to try a biofeedback treatment rather than take drugs with their wide range of potential negative side effects. The uncertainties associated with deciding which treatment methods have been proven to be effective and which have not are great. The white papers on effectiveness of biofeedback treatments being published in the journals *Applied Psychophysiology and Biofeedback* and the *Journal of Neurotherapy* and other sources can be helpful to practitioners in dealing with some of these uncertainties. However, realistically, clinical practice is sometimes far ahead of the research support for specific treatment interventions and sometimes the reverse is true (i.e., the research is ahead of clinical practice).

A direct, honest, and informed approach with clients is still the best way to deal with the treatment uncertainties concerned with what is and what is not a proven treatment approach. Informed consent, of course, emphasizes the importance of continuing education for practitioners to be and remain both knowledgeable and competent. It is no longer sufficient for a practitioner to be knowledgeable only in biofeedback. She or he must also have current and accurate information on the alternative treatment approaches and the risks and benefits of each for all of the conditions, diseases, and disorders that she or he treats so that true informed consent can be obtained.

Basic Ethical Principles

Dowrick and Frith (1999) emphasize the importance of adhering to at least 4 basic ethical principles in providing health care services, including:

1. Respect for client autonomy (which includes informed consent, confidentiality, etc.);
2. Beneficence (which means to do good);
3. Nonmaleficence (which means to do no harm); and
4. Justice (which means to provide fair, equitable, and appropriate treatment).

Striefel (2003a, 2003b) provides a discussion of a much wider number of basic ethical principles to which practitioners would be well advised to adhere. Regardless of a professional's discipline and orientation, it is important for him or her to be knowledgeable in applying basic, foundational ethical principles and the specific ethical principles of his or her discipline, and those of the professional organizations to which he or she belongs, for resolving ethical dilemmas and issues in daily prac-

tice. The broader the base of ethical principles used in practice, the more information a practitioner has for resolving dilemmas in an ethical and practically acceptable manner.

Uncertainty and Responsibility

Ethical dilemmas exist when two or more ethical obligations conflict and the practitioner must decide which ethical obligation takes precedence in the particular case at hand. Ethical obligations often result in some level of uncertainty on how to proceed. Some level of tension between uncertainty and responsibility might be necessary to motivate practitioners to take appropriate action (Dowrick, 1999) (e.g., to seek additional continuing education to reduce the areas of uncertainty). Fox (1959) proposed 3 types of uncertainty facing health care practitioners. They include incomplete mastery of the knowledge available; limitations of currently available knowledge; and difficulty in discriminating between one's personal ignorance and incompetence and the limitations of the available knowledge. Practitioners may try to cope with these uncertainties by disregarding them through either denial, traditional thoughts about ethical conduct, or from a sense of responsibility (Dowrick, 1999; Katz, 1988). From an ethical perspective it is not wise to ignore or disregard uncertainties, especially those that could have negative consequences for the client/patient. It is ethically expected that a practitioner will seek additional information via continuing education, supervision, and/or consultation to remove uncertainty or remove it by referring the client to another practitioner when it is in the client's best interests to do so, and, of course, by not accepting as clients any individuals who have problems one is not competent to treat (Striefel, 2004). Working cooperatively with the primary care physician who made a referral is often in everyone's best interest. Ethically it requires a release of information even though the Health Insurance Portability and Accountability Act (HIPAA) would, under some circumstances, allow the exchange of protected health information between professionals treating the same client. When ethical principles or state law are more stringent than HIPAA requirements, they take precedence.

Uncertainties often exist in diagnosis, appropriate assessment, treatment options, appropriate consultations needed, follow-up needed, etc. It is because of these many uncertainties that exist in daily practice that client autonomy and the right to choose via informed consent are so important in helping practitioners meet their responsibilities in an ethical, legal, and prudent manner.

Limitations and Scope of Practice

It is important for a practitioner to know both his or her limitations and the scope of practice that is appropriate, legal, and ethical for members of his or her discipline. For example, it is appropriate for a physician or nurse practitioner to diagnose a medical condition like cancer, but it is not appropriate for a psychologist or licensed professional counselor to do so. But it may well be appropriate and ethical for these nonmedical professionals to treat the anxiety, depression, and stress associated with a condition like cancer if competent to do so and if legally allowed to do so. Working closely in a group practice may allow one to specialize and focus on a more limited number of conditions and, therefore, to be more competent in dealing with the uncertainties associated with those specific conditions. Working in a group practice also provides more readily available access to consultation when the need arises. Working as a member of a primary care team or network offers even more options for protecting and helping clients, while also reducing the uncertainties and risks for the professional because of the wider range of skills and knowledge available from the team members.

Conflicts

Professional responsibility and client/patient autonomy are sometimes in conflict (e.g., a child abuser does not want the practitioner to report her or him, but the practitioner has a legal obligation to make a report). Or consider another example: a suicidal client who informs the practitioner that he or she intends to kill him or herself tonight versus the practitioner's need to intervene, perhaps with involuntary hospitalization, to prevent the suicide, concomitant guilt, and possible lawsuit for negligence that could occur if the practitioner did not meet the expected standard of care in attempting to prevent the suicide.

The best interests of clients and the practitioner's need to reduce personal risks are clearly in conflict at times. To reduce this risk and uncertainty, some practitioners conduct extensive testing before making a diagnosis, even when the additional testing will not alter the course of treatment. Some practitioners adhere to a mandatory level of ethical functioning because it reduces risk, even though striving for an aspirational level of ethical functioning (going the additional steps) would be more likely to better meet the needs of the client (Striefel, 1995). One example would be to immediately and involuntarily hospitalize a suicidal client rather than trying to negotiate other options with the client, such as voluntary hospital-

ization or an agreement not to attempt suicide before meeting with the practitioner again.

Logical and Ethical Decision Making

Uncertainties can also be reduced by being knowledgeable about how to conduct logical decision making, including being familiar with probabilities and probability theories, and by knowing how to implement an ethical dilemma resolution model. One model for conducting logical decision making involves at least 3 steps (Dowrick, 1999):

1. Developing a decision-making tree, which includes each potential option and the possible consequences of each;
2. Assigning probabilities to each uncertainty; and
3. Assigning values to each possible outcome.

I cannot provide any absolute guideline for deciding the probabilities or values for each outcome, other than being very familiar with the published literature and taking the probabilities from such sources. For example, a past issue of *Biofeedback* (Volume 34, number 2) discussed electroencephalographic (EEG) signatures for various conditions treated via neurotherapy. Let us assume that we know that there are three very different EEG signatures for a specific condition. The first occurs in about 54% of the clients, the second in about 30%, and the third in about 16%. Let us also assume that 3 specific, but different, treatment protocols are very likely to be effective, one with each of the 3 EEG signature conditions. One can calculate the probability as 0.54 that the first treatment protocol will work, even if one is uncertain as to which of the EEG signatures a client has. Some practitioners use this type of approach to treatment rather than going the additional step of determining the client's actual EEG signature via a quantitative EEG (QEEG) and appropriate use of normative data bases. One might then question whether conducting the quantitative EEG represents merely an aspirational level of ethical functioning or whether it is now becoming the standard of care and therefore ethically, and perhaps even legally, necessary. Determining the client's actual EEG signature would reduce the uncertainty to zero for which treatment protocol to try and the probability for selecting the successful treatment approach would increase to 1.0.

Dowrick (1999) provides a much more extensive discussion of logical decision making, probability theories, and their implementation. He also provides a list of ref-

ferences for those who want more information.

There are other approaches for doing logical decision making. I personally like to do flowcharts on options, decisions, and possible consequences. See Striefel (1995 & 1999) for examples of decision-making flowcharts. What do you use for logical decision making?

I have discussed an ethical decision-making model for resolving ethical dilemmas in several previous publications (Striefel, 1995, 1999, 2003a). The reader is referred to those publications for more information on ethical decision making. A reader can find many other sources as well, such as Koocher and Keith-Spiegel (1998) or Zuckerman (2003). Suffice it to say that having a systematic way, in essence a model, for ethical decision making can be very valuable in guiding a practitioner through a process so that a crucial step or it's concomitant information is not overlooked.

Neither logical decision making with probabilities nor ethical decision making are without limitations. The processes are only as good as the information that is put into them. Whatever approach used to remove uncertainty, it must be accomplished using available information, common sense, prudence, and patience.

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Sebastian "Seb" Striefel

Correspondence: Sebastian Striefel, PhD, 1564 E 1260 N, Logan, UT 84341-2847, email: Sebst@msn.com.