Foreword

We are extremely pleased to provide this Code through the joint working of CMSUK and BABICM. The Code is designed to be brief and a focussed working tool to guide practice.

It simply contains good, sound principles, but what it represents is significant.

Case management as a profession is young and only just starting to develop its potential. This Code is an example of how far case management has come over this relatively short time. This document has been demanded by case managers themselves and others in the field, and is aimed at meeting the ever higher expectations of a growing and evolving case management profession. It is, therefore, a manifest demonstration of the maturity and development of this area of work.

Also significantly, since principled ethical practice is the foundation stone underpinning the practice of all case managers, it appeared an exciting opportunity to work with as wide a voice as possible for all case managers. This Code has been produced by a joint working party comprising the Chairs and representatives of both CMSUK and BABICM, as well as other important advisors. For the first time, the two main case management groups have come together in this new venture and collaborated in the development of an ethical framework for all case managers.

There are many dilemmas and potential pitfalls for case managers. This Code, along with Standards of Practice, planned education programmes and specific advice on ethically challenging situations, should be a useful guide to the most productive ways forward for case managers and their clients. We hope you will find it helpful, and use it in your work. If you have any feedback or questions, please contact one or both of the organisations.

Jan Harrison MSc.DipCOT
Chair, Ethics Committee
Introduction

Ethics are the formal cooperative endeavour of a particular tradition, group or individual to define its values and moral principles. The terms ethical and moral are interchangeable.

Ethics is also the study of right conduct (right and wrong). Technically, ethics are characterised by the dilemma: a conflict between two ‘oughts’, or two duties or obligations, or between one person’s duty and another’s rights.

A code consists of principles: these are starting points. Exceptions may apply to one principle, or one principle may override another in particular circumstances.

In this code the term client means the individual with the injury, condition, disability or special needs who is receiving case management. Under the National Service Framework for long term conditions (NSF-LTC) they may be referred to as a patient. Under the National Service Framework for mental health (NSF-MH) they may be referred to as a service user.

Code

1. Duty to your client
   You owe a legal and moral duty of care to the client. Decisions should be made irrespective of how the service is resourced and funded. This relates not only to the standard of care and supervision you provide for them, but also their property and other interests, and also the practical nature of how you take instruction, manage your time, balance multiple clients and tasks, and resolve any conflicts.

2. Ethics and the Law
   You must practise within the law. If you identify a breach of the law you should report it to the appropriate authorities. If you identify any inconsistency, incompatibility, or unintended consequence of the law that needs addressing or reform, you should report it to those responsible.

3. Respect for autonomy
   You must respect the client’s autonomy, including their right to live with risk. Being autonomous means having the capacity to:
   - think for oneself, believe things, have preferences (‘autonomy of thought’)
   - make choices and decisions, freely and independently based on autonomous thought (‘autonomy of will’)
   - act freely and independently in response to thoughts and decisions (‘autonomy of action’).

   This is an active duty and not merely an attitude. If one or more of these criteria is threatened, impaired or absent it may be necessary for you to act in a manner that aims to safeguard, enhance or restore the client’s autonomy.

4. Best interests
   If the client does not have decision-making capacity (competence) over a particular matter, you must act (collaboratively if appropriate) according to what is necessary and in their best interests. You have a responsibility to act as an advocate for them where appropriate, or to ensure that someone suitable does so. In deciding what is in their best interests, their previous competent decisions as well as their wishes and feelings now, should be taken into account.

5. Prevention of harm
   You must not cause harm to the client. This includes duties around the protection of children or adults at risk, but is not limited to these. You must not abuse your position of trust in respect of the client, their family or others significant in their life.

6. Non-discrimination
   You must uphold the principles of non-discrimination, cultural sensitivity and human rights in applying each component of this Code. At a minimum this means the six strands of diversity (gender, age, disability, ethnicity, sexual orientation, belief), and related rights (language, political or other opinion, national or social origin, association with a national minority, property, birth or other status).

7. Telling the truth
   You must endeavour to tell the client the truth known to you at all times. This includes taking positive steps to correct any misunderstandings or misperceptions they or those significant in their life may have.

8. Respect
   You must respect the client’s privacy, confidentiality and data protection, and their physical and emotional dignity.

9. Nature of employment
   You must ensure that the client and others understand the nature and limits of your employment or practice status, how you handle referrals, instruction and case loads, and that these and other business and financial practices or considerations are honest, accountable and of good repute.

10. Professional integrity
    You have an obligation of professional integrity. This includes an obligation to maintain any relevant registration, accreditation and supervision, professional indemnity and public liability insurance. It also includes your dealings with other professionals or in other capacities (such as expert or medico-legal work), insofar as they may relate to your case management practice. It also includes continuing education and training, dealings with the media, any withdrawal from a case for professional reasons, and having resources for addressing ethical dilemmas. You should take on work and practice at a level commensurate with your skills and experience.
Committee

Jan Harrison – Chair
Cathy Johnson – Chair
Carole Chantler – Chair
Catherine Chapman – Occupational Therapist/Brain Injury Case Manager
Allison Saltrese - Clinical Case Manager R T Disability Consultants Ltd
Tracey Storey – Solicitor and Partner at Irwin Mitchell Solicitors
Paul Yeoman – Ethics Advisor to CMSUK and BABICM
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